Bellin Health Nursing Educational Funds Application

Select which Fund(s) you are applying for:

☐ **Alan F. and Ruth C. Wentworth Educational Fund** – Made possible through the generosity of Dr. Alan and the late Ruth Wentworth, intended to support continuing education of health professionals who work at Bellin Health. Funds are granted to employees who wish to continue medical education, conferences and/or seminars that enhance skills directly related to cardiac care and/or cardiac rehabilitation.
  - *Academic degree programs are not eligible*
  - *Maximum grant shall be $1,000.00*
  - *Programs occurring from January 1 to December 31 will be considered*

☐ **Dr. Howard J. Palay Continuing Education Scholarship Fund** – Made possible through the generosity of the late Dr. Howard J. Palay, intended to support employees of the Bellin Heart & Vascular Center who wish to continue medical education, conferences and/or seminars that enhance skills directly related to the practice of Cardiology.
  - *Maximum grant shall be $1,000.00*
  - *Programs occurring from January 1 to December 31 will be considered*

☐ **Schwiesow Cardiac Nursing Education Fund** – Made possible through the generosity of Karl and Barbara Schwiesow, intended to support nurses who care for cardiac emergency, rehabilitation and inpatients at Bellin Health who wish to continue their medical education that enhance skills directly related to the care of cardiac patients.
  - *Programs occurring from January 1 to December 31 will be considered*

Signature___________________________________ Date____________________________________
Personal Information

Full Name___________________________________________________________________________
Address_____________________________________________________________________________
Phone___________________________________ Email______________________________________

Employment Information

Length of Employment with Bellin Health________________________________________________
Full-time or Part-time__________________________________________________________________
Current Position___________________________________ Department________________________
Supervisor Name_____________________________________________________________________
Supervisor Signature (to verify satisfactory work record) _________________________________

Description of Eligible Program

Name of Program_____________________________________________________________________
Date(s) of Program____________________________________________________________________
Anticipated Expenses: Registration________________________
Travel_____________________________
Lodging___________________________
Other_____________________________
TOTAL_____________________________

Do you anticipate receiving other financial assistance for this program?    Yes    No
If yes, describe: _____________________________________________________________________

Describe the potential individual benefit and the benefit to patients, the hospital and the community. (Attach page if necessary)
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Submit by Interoffice mail to: Steve Maricque, President, Bellin Health Foundation or by mail to:
Bellin Health Foundation, 744 S. Webster Ave. Green Bay, WI 54301