



Richard D. Husband, M.D. Educational  
Fund Application - Nursing

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First

Phone: (\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

HSA Department:  PH  PMO  SPC  FPHC  MMO

Job Title: \_\_\_\_\_

Category of Funding:

Educational Expense  Living expenses

Type of Request:

Grant  Loan

Grant Funding Amount Requested: \$ \_\_\_\_\_

Date you need funding by: \_\_\_\_\_

Describe How Funds Will Be Used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe other sources of funding you plan to utilize, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify the above information is accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**APPROVAL OF DEPARTMENT MANAGER**

Based on this employee's performance and work evaluation, I recommend this applicant for a Richard Husband Educational Fund grant or loan.

\_\_\_\_\_  
Signature and Title Date: \_\_\_\_\_

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**DISPOSITION OF REQUEST**

Request Approved: Amount \$ \_\_\_\_\_

Request Denied \_\_\_\_\_

\_\_\_\_\_  
Richard D. Husband, M.D. Educational Fund  
Committee Chairperson

\_\_\_\_\_  
Date