



Application for Education Fund

Name:

Address:

Phone:

Email:

Unit you currently work on at Tufts Medical Center, Rhode Island Hospital, Newport Hospital or The Miriam Hospital.

Reference Writer:

Relationship to Applicant:

How long have you known the Applicant:

Please write a brief narrative addressing on a separate page why the applicant should be chosen to receive this award. For questions please contact Liz Lisle at The Michael H. Flanagan Foundation, eslisle@cox.net.

All materials should be mailed to:

MHFF -Education Fund

PO Box 708

Barrington RI 02806