



Application for Education Fund

Name:

Address:

Phone:

Email:

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

Reference Writer:

Relationship to Applicant:

How long have you known the Applicant:

Please write a brief narrative addressing 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