Wellstar Foundation

FY 26 REGINA MEDEIROS TRAUMA AND BURN FUND REQUEST

Date: _____ Funding Initiative Name: _____

Total Amount Requested: $_____

Submitted By:
Name: _____ Title: _____

Benefiting Program / Facility / Service Line:
_____

Request Type (Check all that apply)

☐ Project / Service ☐ Support Personnel ☐ Equipment ☐ Other: _____

Please describe how funding will impact:

Clinical Excellence Patient Experience Innovation Workforce Development

_____
_____
_____
_____
_____
_____
_____
_____

Required Documentation

☐ Vendor quote or cost documentation attached
☐ Supporting materials included (if applicable)

_____ _____
Manager Signature Service Line Approval

For additional information, questions, or to submit nomination form, please contact:
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