

To request a copy of the guidelines please contact Human Resources.
Please submit completed application to:

Care Relief Fund
Attn: Human Resources
Western Missouri Medical Center
403 Burkarth Road
Warrensburg, MO 64093
Fax: (660) 747-8553

Signature

Date

GRANT REQUEST SELECTION COMMITTEE

Grant Approved	
Amount of Grant	\$
Grant Not Approved	

Signature

Date