



## SMFG Foundation

### Application for a Grant by an Employee of an Ambulatory Surgery Center (ASC)

I hereby declare that I am an employee of an ASC and apply for tuition assistance in the amount of \$250 (check box to certify).

Name of Center: \_\_\_\_\_

Year Center Opened: \_\_\_\_\_ Number of O.R.s: \_\_\_\_\_ Size of Support Staff: \_\_\_\_\_

Number of patients seen in the most recent 3 month period: \_\_\_\_\_

(If Applicable) Number of patients seen in a similar period a year ago: \_\_\_\_\_

ASC Ownership (Check One):

- Independent
- Hospital Affiliated
- Corporate Chain
- Other (Describe): \_\_\_\_\_

The funds are to be applied to registration for the course offered by the Ambulatory Surgery Center Association

(ASCA) being held in: \_\_\_\_\_ on \_\_\_\_\_  
(City and State) (Dates of Conference)

Name of Applicant: \_\_\_\_\_

Present Position with the ASC: \_\_\_\_\_

Length of Employment with the ASC: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Assistance to attend the ASCA Annual Conference is needed for the following reasons (use a separate document to elaborate if necessary and submit together):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Submit all documentation to the Arizona Community Foundation by April 1, 2017. Submissions accepted via email or fax: [scholarship@azfoundation.org](mailto:scholarship@azfoundation.org) or 602.381.1575.