



THE APPLICANT AND SPONSOR DECLARE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE:

SPONSOR NAME:

SPONSOR SIGNATURE:

SPONSOR ADDRESS:

SPONSOR  :

SPONSOR  :

Caring for Angels (CFA) Applications must be received between January 1<sup>st</sup> and September 1<sup>st</sup> to be considered for acceptance and awarded at the annual CFA Meeting

### CATEGORY II CFA GRANTEE CANDIDATE

Hospital/ Medical Dept \_\_\_\_\_

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

Title: \_\_\_\_\_

Applicant Address:

 : \_\_\_\_\_

 : \_\_\_\_\_

Dear CATEGORY II CFA GRANTEE CANDIDATE- Please print form, complete, sign & mail to: **Caring For Angels Charity, P.O Box 561, Winchester, MA 01890**. Applicants may include a sponsor letter of recommendation, and additional supportive documentation as needed.

**Choose the funding item needed below by your Hospital/ Medical Department and describe the specific need for the item selected.**

Equipment and/ or training aids or tools that will improve and optimize critical care services provided by nurses to their patients.

Funding for in-house medical training for nurses.

Funding to allay costs of sending nurses to attend medical courses or workshops conducted by third parties not affiliated with the hospital.

#### Item Description:

**List any other information that would be helpful to CFA in determining your eligibility for a CFA Category II Grant:**

[WWW.CARINGFORANGELS.ORG](http://WWW.CARINGFORANGELS.ORG)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name