

### **MISSION STATEMENT**

The mission of the Ascension Saint Thomas Foundation is to advance the caring ministry and medical excellence of Ascension Saint Thomas by providing funds for research, education, and charity programs.

In carrying out its mission, the Foundation embraces the philosophy and mission of healing and service to the sick and poor, and to promote, support, and engage in any of the religious, charitable, scientific and educational ministries established by Ascension Saint Thomas.

The Foundation strives to uphold the core values of Ascension Saint Thomas, using these values as our guiding principles in all that we do.

### **OUR VALUES**

<b>Service of the Poor</b>	Generosity of spirit, especially for persons most in need
<b>Reverence</b>	Respect and compassion for the dignity and diversity of life
<b>Integrity</b>	Inspiring trust through personal leadership
<b>Wisdom</b>	Integrating excellence and stewardship
<b>Creativity</b>	Courageous innovation
<b>Dedication</b>	Affirming the hope and joy of our ministry

### **GRANT PROCESS AND REQUIREMENTS**

- Ascension Saint Thomas Foundation is designed to help needy patients as a resource of last resort and to support projects that fulfill our mission. Your help in vetting and supplying documentation is vital to our ability to serve the ministry. Therefore, please send any additional information such as bills and/or attachments with the request form which would assist in our approving and subsequently processing this request.
- You must complete all applicable and required sections of the attached form before submitting it to the Foundation.

**Forms may be returned to [ASTFoundation@ascension.org](mailto:ASTFoundation@ascension.org)  
or in person at the Foundation Office located on the campus of  
Ascension Saint Thomas West.**

4220 HARDING ROAD • NASHVILLE, TENNESSEE • 37205 • 615.222.6800



# Ascension Saint Thomas Foundation

## Grant Request Form

Date	Campus	Bus Unit #	Dept #	Account #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Department			
<input type="text"/>	<input type="text"/>			
Email	Phone	Amount Requested		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Please check either General or Patient Assistance. For patient requests, please select where the patient is in the **Needs Assessment** process.

General

Patient Assistance

[	<input type="checkbox"/>
	<input type="checkbox"/>

Patient is PARO approved.

Patient is deemed eligible for charity care.

No other resources exist.

Description

Vendor Name	Vendor ID (if applicable)	Vendor Phone (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they a Symphony vendor?	Yes No	Does vendor accept credit cards? Yes No

Manager Name*	Date
<input type="text"/>	<input type="text"/>

Manager Signature	Email
<input type="text"/>	<input type="text"/>

*\*Please approve requests that you feel will be most beneficial to your department and can ensure your funds are used in the most valuable way for Ascension Saint Thomas.*

Comments

### For Internal Use Only:

Approved by	Fund	Grant #
<input type="text"/>	<input type="text"/>	<input type="text"/>