
2025 DENIS A. RADEFELD, M.D. HUMANITARIAN AWARD – GUIDELINES

Applications accepted: **Monday, March 31, 2025 – Friday, May 2, 2025, before 4:00 p.m.**

GUIDELINES:

Mercy Health Foundation Lorain is proud to honor Dr. Radefeld through this special humanitarian award. This award will provide a Mercy employee with up to two (2) weeks of paid leave as well as a stipend for qualified expenses to participate in a mission project/trip that provides direct medical care to the poor and underserved. This award is not restricted to clinical staff; however, applicants must demonstrate they will be involved in providing direct medical care. Applicants may be invited to make a personal presentation to the committee. ***This award may be taxable as regular income.***

This award provides a Mercy associate up to two (2) weeks paid leave as well as a stipend to be used toward qualified expenses to participate in a project providing direct care to the poor and underserved.

- Applicant must have at least five (5) years of service with the Organization.
- The project must be approved as providing direct care for the poor and underserved and be consistent with the mission and values of Mercy Health.
- This award is not restricted to clinical staff; however, applicants must demonstrate they will be involved in providing direct care.
- Proposed expenses to be covered by the stipend shall be limited to room, meals and travel directly related to the project. Clothing and personal equipment do not qualify and will not be considered for expenses.

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INSTRUCTIONS:

- Type or fill out the application in ink (PRINT CLEARLY). Do not write in pencil. Answer every question.
- Mail application packet to Mercy Health Foundation Lorain, 360 Cleveland Ave.; Amherst, OH 44001, Lorain (*Applications will not be accepted in person, via e-mail or fax*). Mailed application packets must be received by the application deadline. **Application Deadline: Friday, May 2, 2025, before 4:00 p.m.**
- **It is your responsibility to ensure that the application packet is complete – incomplete applications will NOT be accepted.**

In addition to Application, Packet must contain:

1. **Letters of Support** – Two (2) letters of support: one (1) letter of support from your immediate department supervisor and one (1) letter of support from another individual at your discretion.
2. **Written Description of Project** – Must be typed. A written description of the project, including objectives, historical perspective, and statistics (i.e., numbers served, measured outcomes, etc.). Your motivation and personal history of involvement should also be included in the project description.
3. **Recent photograph**

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Employee Name: _____ Credentials: _____

Title: _____ Department: _____ Ext.: _____

Employment Status: ☐ Full-Time ☐ Part-Time ☐ PRN Shift: _____Length of Service: _____ / _____ (NOTE: all employed service time)
Years Months

Home Street Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

MISSION PROJECT**Proposed Project:***The project must be approved prior to applicant screening.*

Project Name: _____

Sponsoring Organization: _____

Organization Contact Person: _____ Phone: _____

Date(s) of Project Service Delivery: _____

Location of Project Service Delivery: _____

Proposed Expenses:

Expenses, which may be covered by the award, include room, meals, and travel directly related to the project.

Clothing and personal equipment do not qualify as expenses.

Item	Description / Quantity	Cost
		\$
		\$
		\$
		\$
Total Request		\$

I grant Mercy Health Foundation Lorain permission to use my photograph in any brochures, advertisement, publications, etc.

Applicant's Signature: _____ Date: _____