

REQUEST FOR SPONSORSHIP

As the primary healthcare provider for West Bell County, Coryell and Lampasas counties, we understand our community has needs beyond a medical perspective. We welcome sponsorship requests that align themselves with our mission. All requests for sponsorship by Metroplex Health System (inc. Rollins Brook Community Hospital) must be submitted along with this form at least 30 days in advance. To be approved by the sponsorship committee, requests must meet the following criteria:

- 1) Projects must align with the mission of Metroplex Health System - promoting the complete health of our community which includes the emotional, spiritual and physical needs of those we serve.
- 2) Application must show how organization's request for sponsorship aligns with the needs in #1 above.

Name of Organization: _____ Date Requested: _____

Requester's Name _____

Phone Number: _____ E-mail: _____

Type of request being made: (event, donation, etc) _____

Have we sponsored your organization in the past? No Yes If yes, when? _____

How many people will benefit? _____]

How does the request align with meeting emotional, spiritual and physical needs of our community?

Amount Requested: _____

If education-based (scholarship funds request), how does it tie into #1 above?

Does sponsorship require advertisement? No Yes Size & Specs _____

Advertisement to be sent to this email: _____

Does sponsorship require event attendance?

Yes Number of seats _____ Date _____ Time _____

Location _____

Submit completed forms to Robin.Bodkin@ahss.org

or by mail to Metroplex Health System, Attn: Robin Bodkin, 2201 S Clear Creek Rd, Killeen, TX 76549

Extending the Healing Ministry of Christ