

FREDRICKSON-McGREGOR
EDUCATION FOUNDATION FOR LPNS

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GRANT APPLICATION

For April 30, 2010 Deadline

For your information, there have been recent changes to the approval process for Grant Applications.
Please read the Grant Frequently Asked Questions (FAQ's) before completing this Application. Grant FAQ's,
Grant Guidelines, and additional Grant Applications are available from <http://Foundation.CLPNA.com>.

PERSONAL INFORMATION (please print)	
Date:	CLPNA Registration Number:
First Name:	Last Name:
Address:	
City:	Postal Code:
Email Address:	
Home Phone: ()	Have you applied for Grant funding in this calendar year (2010)? <input type="checkbox"/> Yes Date _____ NO <input type="checkbox"/>

EMPLOYMENT INFORMATION (please print)		
1. EMPLOYER'S NAME (PRIMARY):		
2. POSITION: (Select ONE ONLY) <input type="checkbox"/> a. LPN / Staff Nurse / Community Health Nurse <input type="checkbox"/> b. Instructor / Educator <input type="checkbox"/> c. Administrator / Care Manager <input type="checkbox"/> d. LPN Specialty (specify): _____ <input type="checkbox"/> e. Other (specify): _____	3. PLACE OF WORK: <input type="checkbox"/> a. Hospital <input type="checkbox"/> b. Nursing Home / Public Health <input type="checkbox"/> c. Community Health / Health Centre <input type="checkbox"/> d. Physician's Office <input type="checkbox"/> e. Other (specify): _____	4. EMPLOYMENT STATUS: <input type="checkbox"/> a. 30+ hours / week <input type="checkbox"/> b. less than 30 hrs/wk <input type="checkbox"/> c. Casual <input type="checkbox"/> d. Unemployed <input type="checkbox"/> e. Other (specify): _____
5. Have you applied for or received funding from <i>another</i> source for the courses on this Application Form? <input type="checkbox"/> NO <input type="checkbox"/> YES, but not yet received. From: _____ <input type="checkbox"/> RECEIVED: Amount \$ _____ From: _____		
6. (Select ONE ONLY): What is <i>the most significant way</i> this educational activity will enhance the nursing care you provide? <input type="checkbox"/> a. Improves my ability to provide higher quality of nursing care. <input type="checkbox"/> b. Improves my specialty professional skills. <input type="checkbox"/> c. Improves my professional knowledge <input type="checkbox"/> d. Enhances my ability to move into another clinical area. Targeted area: _____ <input type="checkbox"/> e. Enhances my ability to fill a promotional opportunity. Targeted area/position: _____		

COURSE / CONFERENCE INFORMATION (please print)	
<i>List each Course/Conference separately below.</i>	
COURSE / CONFERENCE #1	
1. Course #1 Name:	
2. Course #1 Type: <input type="checkbox"/> Event: CLPNA Spring Conference <input type="checkbox"/> Short Term: Certificate/Diploma	
3. Course #1 Start Date:	4. Course #1 Completion Date: (Must be between November 1, 2009 and October 31, 2010)
5. Course #1 Provider/College:	
6. <input type="checkbox"/> I have attached a BRIEF Course/Conference Description or Outline or equivalent to this Application.	
7. Is this course part of Certificate, Diploma or Degree program in which you are enrolled? <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Not Applicable	
7a. (If answered #7) Certificate or Diploma Program:	
7b. (If answered #7) University/College:	
8. Tuition Fee for Course #1: Do NOT send original tuition receipts with this Application. Only submit a BRIEF official Course/Conference Description or Outline or equivalent to this Application.	\$

COURSE / CONFERENCE #2	
1. Course #2 Name:	
2. Course #2 Type: <input type="checkbox"/> Event: CLPNA Spring Conference <input type="checkbox"/> Short Term: Certificate/Diploma	
3. Course #2 Start Date:	4. Course #2 Completion Date: (Must be between November 1, 2009 and October 31, 2010)
5. Course #2 Provider/College:	
6. <input type="checkbox"/> I have attached a BRIEF Course/Conference Description or Outline or equivalent to this Application.	
7. Is this course part of Certificate, Diploma or Degree program in which you are enrolled? <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Not Applicable	
7a. (If answered #7) Certificate or Diploma Program:	
7b. (If answered #7) University/College:	
8. Tuition Fee for Course #2: Do not send original tuition receipts with this Application. Only submit a BRIEF official Course/Conference Description or Outline or equivalent to this Application.	\$
COURSE / CONFERENCE #3	
1. Course #3 Name:	
2. Course #3 Type: <input type="checkbox"/> Event: CLPNA Spring Conference <input type="checkbox"/> Short Term: Certificate/Diploma	
3. Course #3 Start Date:	4. Course #3 Completion Date: (Must be between November 1, 2009 and October 31, 2010)
5. Course #3 Provider/College:	
6. <input type="checkbox"/> I have attached a BRIEF Course/Conference Description or Outline or equivalent to this Application.	
7. Is this course part of Certificate, Diploma or Degree program in which you are enrolled? <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Not Applicable	
7a. (If answered #7) Certificate or Diploma Program:	
7b. (If answered #7) University/College:	
8. Tuition Fee for Course #3: Do not send original tuition receipts with this Application. Only submit a BRIEF official Course/Conference Description or Outline or equivalent to this Application.	\$

TOTAL FUNDING REQUEST	
TOTAL GRANT REQUEST: Must be a minimum of \$100 to be considered.	\$

I certify that the information submitted on this application is true and complete. I understand the following:

- That submitting an application does not guarantee funding and that all decisions of the Foundation's Selections Committee are final.
- That I will be required to submit original tuition receipts and proof of successful course completion before receiving grant funds.
- That grant awards are non-transferable to any other individual or course.
- That the Foundation does not share personal information with any organization other than is required by law.
- That the Foundation maintains records for the purpose of distributing educational funding, charitable receipting, research and campaign information.
- That all information is kept private and confidential, stored in a secure location and accessible only by authorized individuals.

DATE _____

SIGNATURE _____

- **The Selections Committee will review your Grant Application and will notify you in writing of the outcome within six (6) weeks after the Application Deadline.**
- Information regarding application status will not be released over the phone.
- Late applications will be considered in the next application period.
- Incomplete applications will not be considered.

If The Capital Care Group Foundation is your Employer:
Please check this box.

Yes, Capital Care Group Foundation is my current employer

Further information will be mailed to you.

Submit completed Grant Application to:

Fredrickson-McGregor Education Foundation for LPNs
St. Albert Trail Place
13163-146 Street
Edmonton AB T5L 4S8
Or Fax to (780) 484-9069