

Fredrickson-McGregor Education Foundation for LPNs
David King Education Bursary
APPLICATION PROCESS

The Bursary:

The David King Education Bursary was established in 1998 to assist LPNs pursuing **Education or Adult Education degrees/certificates**. It is a vision of the Education Foundation to support LPNs teaching LPNs.

The Bursary assists applicants to cover costs associated with tuition, books and materials of an approved educational program. Bursary funds are valid for one year for courses applied for between April 30 and May 1.

David King was the first chairperson of the Education Foundation.

Eligibility Criteria:

Applicants must reside in Alberta, hold an Active Practice Permit and be in good standing with the CLPNA.

Application Process:

The following must be submitted:

- Application Form
- A written statement of Career and Personal Goals no longer than two pages.
- Sponsorship Form (Sponsors must be over 18 years and not related to the Applicant. At least one should be an Employer, past or present.)

Nominations will be reviewed by the Selections Committee of the Fredrickson-McGregor Education Foundation for LPNs. The Award recipient will be announced at the CLPNA's 2009 Spring Conference. The Nominator/Sponsors of the Award recipient may be notified in advance in order to ensure the Award recipient attends the Ceremony. **Only complete applications will be forwarded to the Selections Committee for review.** For questions, please contact Foundation Secretary Sherri McLellan at (780) 484-8886 ext.243 or sherri@clpna.com.

Submission Deadline: February 7, 2010

By mail: Fredrickson-McGregor Education Foundation for LPNs
Attn: Awards Selection Committee
13163 146 St
Edmonton, AB T5L 4S8

By Fax: (780) 484-9069

By Email: sherri@clpna.com

Fredrickson-McGregor Education Foundation for LPNs
David King Education Bursary
APPLICATION FORM

PERSONAL INFORMATION (please print)	
Date:	CLPNA Registration Number:
First Name:	Last Name:
Address:	
City:	Postal Code:
Email Address:	
Home Phone: ()	Work Phone: ()

CURRENT EMPLOYMENT INFORMATION (please print)	
Employer's Name:	Job Title:

EDUCATION INFORMATION (please print)
Please Note: The David King Education Bursary is only applicable for LPNs pursuing <u>Education or Adult Education</u> degrees/certificates (not other degrees i.e. Bachelor of Nursing etc.)
Are you currently enrolled in or planning to enroll in the following? <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree
Name of Certificate, Diploma or Degree Program:
University/College:

REMINDER: The following must be submitted with your Application Form:

- A written statement of Career and Personal Goals no longer than two pages.
- Sponsorship Form (Sponsors must be over 18 years and not related to the Applicant. At least one should be an Employer, past or present.)

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, proof of successful completion, and other items before receiving funds.*
- *That bursary awards are individual and non-transferable.*
- *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

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Fredrickson-McGregor Education Foundation for LPNs
David King Education Bursary
SPONSORSHIP FORM

Sponsors must be over 18 years and not related to the Applicant. At least one should be an Employer, past or present.

Sponsor #1: Employer, Past or Present

Name	Position
Address	Postal Code
Phone	Signature

Sponsor #2

Name	Position
Address	Postal Code
Phone	Signature

The Selections Committee would be interested in your opinion of the Applicant's abilities in the following areas: communication skills, interpersonal skills, organization skills, confidence and the ability of the applicant to act as role model to students, plus any additional qualities or attributes you believe would be of assistance in reviewing this application.

A typewritten reference of not more than two pages would be appreciated.