



St. Albert Trail Place, 13163 146 Street
Edmonton, Alberta T5L 4S8
Phone: 780.484.8886
Fax: 780.484.9069
Email: Foundation@clpna.com
Website: http://Foundation.clpna.com

GRANT APPLICATION DEADLINE JULY 31, 2017

Please visit the website and read the Grant Guidelines before completing this Application. Incomplete forms are not accepted. Please ensure all fields are completed and all documents requested are enclosed. Fax, e-mail or mail completed applications to the contact information listed above.

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

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: _____		

Course #1 - Please list each course within your program SEPARATELY below	
1. Course #1 Name:	
2. Course #1 Type: <input type="checkbox"/> Event: Workshop / Seminar / Conference <input type="checkbox"/> Short Term: Certificate/Diploma <input type="checkbox"/> Long Term: Bachelor Degree	
3. Course #1 Start Date:	4. Course #1 Completion Date: (Must be between Feb 1, 2017 – Jan 31, 2018)
5. 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"/> Degree <input type="checkbox"/> Not Applicable	
5a. (If answered #7) Certificate , Diploma or Degree Program:	
5b. (If answered #7) University/College Name:	
5c. (If answered #7) Anticipated Completion Date of Entire Program:	
6. Please describe how this course will enhance your LPN Position: (If more space is needed, please attach a separate sheet with details)	

7. Please Attach a Course/Conference Description or Outline to this Application.	<input type="checkbox"/> YES
8. Tuition Fee for Course #1: IMPORTANT: Do not send original tuition receipts with this Application.	\$

COURSE #2 - Please list each course within your program SEPARATELY below

1. Course #2 Name:	
2. Course #2 Type: <input type="checkbox"/> Event: Workshop / Seminar / Conference <input type="checkbox"/> Short Term: Certificate/Diploma <input type="checkbox"/> Long Term: Bachelor Degree	
3. Course #2 Start Date:	4. Course #2 Completion Date: (Must be between Feb 1, 2017 – Jan 31, 2018)
5. 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"/> Degree <input type="checkbox"/> Not Applicable	
5a. (If answered #7) Certificate , Diploma or Degree Program:	
5b. (If answered #7) University/College Name:	
5c. (If answered #7) Anticipated Completion Date of Entire Program:	
6. Please describe how this course will enhance your LPN Position: (If more space is needed, please attach a separate sheet with details)	

7. Please Attach a Course/Conference Description or Outline to this Application.	<input type="checkbox"/> YES
--	------------------------------

8. Tuition Fee for Course #2: IMPORTANT: Do not send original tuition receipts with this Application.	\$
--	----

TOTAL FUNDING REQUEST

1. Total Tuition Fee(s):	\$
2. Transportation Request: <input type="checkbox"/> Request \$50 if your residence is 200-400km (one-way) from the education location. <input type="checkbox"/> Request \$100 if your residence is 400km or more (one-way) from the education location.	\$
3. Accommodation Request: <input type="checkbox"/> Request \$100 if your residence is 200km or more (one-way) from the education location.	\$
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.