Fredrickson-McGregor
EDUCATION FOUNDATION
For LPNs

GRANT APPLICATION DEADLINE
April 30, 2024

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. (Email is preferred, see above).

PERSONAL INFORMATION (please print)	
Date:	CLPNA Registration Number:
First Name:	Last 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)	3. PLACE OF WORK:	4. EMPLOYMENT STATUS:
❑ a. LPN / Staff Nurse / Community Health Nurse	❑ a. Hospital	❑ a. 30+ hrs /wk
❑ b. Instructor / Educator	❑ b. Nursing Home / Public Health	❑ b. less than 30 hrs/wk
❑ c. Administrator / Care Manager	❑ c. Community Health / Health Centre	❑ c. Casual
❑ d. LPN Specialty (specify): _____	❑ d. Physician's Office	❑ d. Unemployed
❑ e. Other (specify):_____	❑ e. Other (specify):_____	❑ e. Other (specify):_____

5. Have you applied for or received funding from *another* source for the courses on this Application Form?
❑ NO   ❑ YES, but not yet received. From: _____
❑ YES RECEIVED: From and Amount:

COURSE #1 - Please list each course within your program SEPARATELY below

1. Course #1 Name:

2. Course #1 Type: ❑ Event: Workshop / Seminar / Conference   ❑ Short Term: Certificate/Diploma ❑ Long Term: Bachelor Degree

3. Course #1 Start Date:	4. Course #1 Completion Date: (Must be between November 1, 2023 to October 31, 2024)

5. Is this course part of Certificate, Diploma or Degree program in which you are enrolled?
❑ Certificate   ❑ Diploma   ❑ Degree   ❑ Not Applicable

5a. (If answered #5) Certificate , Diploma or Degree Program:

5b. (If answered #5) University/College Name:

5c. (If answered #5) 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.**   ❑ 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: ❑ Event: Workshop / Seminar / Conference ❑ Short Term: Certificate/Diploma ❑ Long Term: Bachelor Degree

3. Course #2 Start Date:	4. Course #2 Completion Date: (Must be between November 1, 2023 to October 31, 2024)

5. Is this course part of Certificate, Diploma or Degree program in which you are enrolled?   ❑ Certificate   ❑ Diploma   ❑ Degree   ❑ Not Applicable
5a. (If answered #5) Certificate , Diploma or Degree Program:
5b. (If answered #5) University/College Name:
5c. (If answered #5) 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.	❑ YES
8. Tuition Fee for Course #2: IMPORTANT: Do not send original tuition receipts with this Application.	$

If you are applying for more than 2 courses, make copies of this page and attach.

TOTAL FUNDING REQUESTED – must be completed or the application will not be accepted	
1. Total Tuition Fee(s):	$
2. Transportation Request: ❑ Request $50 if your residence is 200-400km (one-way) from the education location. ❑ Request $100 if your residence is 400km or more (one-way) from the education location.	$
3. Accommodation Request: ❑ 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.*