



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 May 1, 2024 to April 30, 2025)
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 #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. <input type="checkbox"/> 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: <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.	\$
<b>TOTAL GRANT REQUEST:</b> <i>Must be a minimum of \$100 to be considered.</i>	\$

**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.
- Incomplete applications will not be considered.