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GRANT APPLICATION DEADLINE

October 31, 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).

PERSONAL INFORMATION (please print)					
Date:		CLPNA Registration Number:			
Name:					
Address:					
City:		Postal Code:			
Email Address:					
Home Phone: ()		Cell Phone: ()			
EMPLOYM	ENT INFOR	MATION (please print)			
1. EMPLOYER'S NAME (PRIMARY):					
2. POSITION: (Select ONE ONLY) a. LPN / Staff Nurse / Community Health Nurse b. Instructor / Educator c. Administrator / Care Manager d. LPN Specialty (specify): e. Other (specify): 5. Have you applied for or received funding fi NO	 a. Hos b. Nur c. Corr d. Phy e. Oth 	a. Hospital a b. Nursing Home / Public Health b c. Community Health / Health Centre a d. Physician's Office a e. Other (specify): a		IPLOYMENT STATUS: 30+ hrs /wk less than 30 hrs/wk Casual Unemployed Other (specify): Application Form?	
COURSE #1 Places list seeb		ithin your program SED			
COURSE #1 - Please list each 1. Course #1 Name:	course w	ithin your program SEP.	ARATI	ELY below	
COURSE #1 - Please list each 1. Course #1 Name: 2. Course #1 Type:					
1. Course #1 Name:	Conference	Short Term: Certificate/Diplo A. Course #1 Completion Da	ma 🗖 L ate:	ong Term: Bachelor Degree	
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1. Course #2 Name:				
2. Course #2 Type: Devent: Workshop / Seminar / Conference Short Term: Certificate/Diploma Long Term: Bachelor Degree				
	4. Course #2 Completion Date: (Must be between May 1, 2024 to April 30, 2025	5)		
 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 Out	tline to this Application.	U YES		
8. Tuition Fee for Course #2: IMPORTANT: Do not send origina	al 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 Request \$100 if your residence is 400km or more (one-way) 		\$		
3. Accommodation Request: □ Request \$100 if your residence is 200km or more (one-ways)	ay) 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.

Incomplete applications will not be considered.