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Email: Foundation@clpna.com
Website: http://Foundation.clpna.com

GRANT APPLICATION DEADLINE January 31, 2023

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 Numl | ber: | |
| First Name: | Last Name: | | |
| Address: | · | | |
| City: | Postal Code: | | |
| Email Address: | · | | |
| Home Phone: () | Cell Phone: () | | |
| EMPLOYMENT INFORMATION (please print) | | | |
| 1. EMPLOYER'S NAME (PRIMARY): | | | |
| □ a. LPN / Staff Nurse / Community Health Nurse □ b. Instructor / Educator □ c. Administrator / Care Manager □ d. LPN Specialty (specify): □ □ d □ e. Other (specify): □ □ e 5. Have you applied for or received funding from an one of the point of the p | LACE OF WORK: . Hospital . Nursing Home / Public Health . Community Health / Health Centre . Physician's Office . Other (specify): | 4. EMPLOYMENT STATUS: □ a. 30+ hrs /wk □ b. less than 30 hrs/wk □ c. Casual □ d. Unemployed □ e. Other (specify): on this Application Form? | |
| ☐ YES RECEIVED: From and Amount: | | | |
| COURSE #1 - Please list each cours | se within your program SEP | ARATELY below | |
| 1. Course #1 Name: | | | |
| 2. Course #1 Type: | ence | oma 🚨 Long Term: Bachelor Degree | |
| 3. Course #1 Start Date: | | 4. Course #1 Completion Date: (Must be between August 1, 2022 to July 31, 2023) | |
| 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 Appl | lication. \$ | |

| COURSE #2 - Please list each course within your program SEPARAT | ELY below |
|--|---|
| 1. Course #2 Name: | |
| 2. Course #2 Type: ☐ Event: Workshop / Seminar / Conference ☐ Short Term: Certificate/Diploma ☐ L | ong Term: Bachelor Degree |
| 3. Course #2 Start Date: 4. Course #2 Completion Date: (Must be between August 1, 2022 to July 31, 20 | 023) |
| 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 at details) | ttach a separate sheet with |
| 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 a | attach. |
| If you are applying for more than 2 courses, make copies of this page and a TOTAL FUNDING REQUESTED – must be completed or the application will | |
| | |
| TOTAL FUNDING REQUESTED – must be completed or the application will | not be accepted |
| TOTAL FUNDING REQUESTED – must be completed or the application will 1. Total Tuition Fee(s): 2. Transportation Request: Request \$50 if your residence is 200-400km (one-way) from the education location. | not be accepted |
| TOTAL FUNDING REQUESTED – must be completed or the application will 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: | not be accepted \$ |
| TOTAL FUNDING REQUESTED – must be completed or the application will 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. | \$ \$ \$ wing: excions Committee are final. receiving grant funds. law. eipting, research and |

- 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.