



FOUNDATION EDUCATION GRANTS APPLICATION FORM

Employee Name: _____ Application Date: ____ / ____ / ____

E-mail Address: _____ Phone: _____

Nursing Unit/Department: _____ Length of Employment: _____
(2 year minimum)

Full Time Part Time Casual Approx. Shifts per Month: _____

Have you received funding from the Foundation in the last 2 years? Amount: \$_____

PROGRAM INFORMATION

Course/Workshop/Conference Name: _____

Course/Workshop/Conference Date(s): _____

Please provide a brief description of the Course/Workshop/Conference AND attach documentation.

Why do you wish to take this course/workshop/conference?

How will this course/workshop/conference benefit Royal Columbian Hospital?

FUNDING

I am applying for reimbursement of the following Course/Workshop/Conference Costs: (please attach information for each category below)

- Registration \$_____ (not covered: membership fees/dues)
- Airfare \$_____ (not covered: gas, mileage, parking, buses, taxis or food)
- Accommodation \$_____
- **Total Cost** \$_____

Please Note: Education Grants provide up to \$1,700 per person per every 2 fiscal years in funding. The applicant is responsible for the balance of costs.

DISCLOSURE

Have you applied for other funding for this course/workshop? Yes No

If yes, please specify source _____ and amount \$ _____

Manager Signature (required prior to submission) Date / /

Employee Signature Date / /

Please mail completed application to: RCH Foundation, Health Care Centre Lobby.
On approved applications, all original receipts must be submitted within 3 months of
conference/workshop. Cheque will be issued only after all receipts are received.

APPROVALS

Chair, Education Grants Review Committee Date / /

President & CEO, RCH Foundation Date / /

- Approved Amount: \$ _____ Fund _____
- Declined

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.