



## Member Groups Chapter, Professional Practice Group (PPG) & Special Interest Group Annual Education Form

Name of Chapter, PPG or Special Interest Group

---

Name of President, Secretary, Treasurer or designate applying for the grant

---

Address

---

Phone \_\_\_\_\_ Fax \_\_\_\_\_ PC \_\_\_\_\_

State how the education grant will be used by the group.

---

---

---

\*\*Please ensure meeting minutes, financial statements, and a current list of the group's executive has been submitted to the SRNA.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please complete this form and return it to the SRNA office.

You can fax, mail or email form to: Lesley Stronach, Executive Assistant, SRNA

Fax: (306) 359-0257 or email: [lstronach@srna.org](mailto:lstronach@srna.org)

(Maximum support grant available \$250.00)

FOR SRNA USE ONLY

Assistance Granted Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \_\_\_\_\_

Compliant with Policy 12.7; 12.7.1 Yes \_\_\_\_\_ No \_\_\_\_\_

---

Date \_\_\_\_\_ Signature \_\_\_\_\_

Code: \_\_\_\_\_