



**Member Groups
Chapter, Professional Practice Group (PPG) & Special
Interest Group Special Grant Form**

Name of Chapter, PPG, or Special Interest Group

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

Address _____

Phone _____ Fax _____ PC _____

Email address _____

Reason for requesting special grant (if applicable, please state conference location or purpose for funds and number of RN's or students participating)

Budget (if applicable please provide a brief outline of the budget)

Are you receiving other financial assistance?

Yes _____ No _____ Amount _____

Amount of grant requested

(Amount of funding will be determined according to the group's budgetary need, number of RNs and students participating in the event.)

I agree to provide a report (250 words) or pictures that could be used in the SRNA Newsbulletin or Connections Newsletter. (Ensure individuals agree to have their picture published) Yes _____ No _____

The report should be sent to the SRNA within 30 days of the event.

I agree to acknowledge the SRNA either verbally during the conference or visually on an event brochure Yes _____ No _____

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

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

FOR SRNA USE ONLY			
Assistance Granted	Yes _____	No _____	Amount _____
Compliance with Policy 12.7; 12.7.1	Yes _____	No _____	
Date _____		Signature _____	
		Code _____	