



# Integrity | Leadership | Innovation

## 100 Celebrations Application Form

Applicant Name

RN Number

Preferred Phone Number

Email

Mailing Address

Where will the event be hosted?

When will the event be held?

What is your plan for the celebration?

Who will be involved in the event? (RNs (past, present, future); public, other health care team members)

### Celebration Grants

How many participants do you expect to attend and what level of funding are you requesting?

- |  |   |
|--|---|
| <input type="checkbox"/> 5 or more, \$50   | <input type="checkbox"/> 50 or more, \$250  |
| <input type="checkbox"/> 10 or more, \$100 | <input type="checkbox"/> 75 or more, \$400  |
| <input type="checkbox"/> 25 or more, \$175 | <input type="checkbox"/> 100 or more, \$500 |



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How will the funds be used?

How will organizers of the event highlight the 100<sup>th</sup> Anniversary in the celebration?

**Please note: Once preliminary approval for funding has been granted, the summary and picture from the event are required prior to receiving the funds.**

**Flags Request**

I would like to request flags:                      Yes                      No

Name of person receiving the flags:

Contact Information:

                    Email:

                                    Phone Number:

Address where flags will be sent:



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Date the flags are needed:

Number of days the flags are required:

Date flags will be returned to SRNA:

Do you require a portable flag pole?            Yes            No

## Time Capsule Donation

I wish to donate to the following time capsule:

- 25 years
- 100 years

Donation made by (name of individual/group):

Description of donation:

### For Office Use Only:

Grant Approved – Yes or No

Authorizing Signature

Preliminary approval communicated to applicant (date)

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Photo(s) received (date)

Summary received (date)

Code

Authorizing Signature

Date sent for processing