



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

Group Name _____

Contact person _____

Address _____

Phone _____ Fax _____ Postal Code _____

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)

Four horizontal lines for budget outline

Are you receiving other financial assistance? Yes _____ No _____ Amount _____

From whom? _____

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 _____

Send forms to: Debbie Cummings, Practice, dcummings@srna.org ; fax: 1-306-359-0257

FOR SRNA USE ONLY
Assistance Granted Yes _____ No _____ Amount _____
Compliant with Policy 12.7; 12.7.1

Date _____ Signature _____

Code _____