



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

Name of 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, Member Linkages, Practice Assistant

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

**FOR SRNA USE ONLY**

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

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

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

Code \_\_\_\_\_