



Professional Practice Group (PPG)
Initial Grant Request Form

Name of PPG

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

Address

Preferred phone

Email address

Has a constitution for the group been submitted and approved by the SRNA?

Yes _____ No _____

Are you receiving other financial assistance?

Yes _____ Amount \$ _____ No _____

Do you charge membership fees for members?

Yes _____ Amount \$ _____ No _____

Name, email and phone number of contact person for SRNA publications

Date

Signature

Please complete this form and return it to the SRNA office. You can mail or email form to Anita Nivala, Program Assistant, Nursing Practice:

2066 Retallack Street, Regina, SK S4T 7X5 or scan and email links@srna.org

Note: Maximum support grant available is \$300.00.

FOR SRNA USE ONLY

Assistance Granted

Yes _____ No _____ Amount \$ _____

Compliance with Policy 12.7; 12.7.1

Yes _____ No _____

Date

Signature

Code
