



**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 records

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.

FOR SRNA USE ONLY

Assistance Granted Yes _____ No _____ Amount \$ _____

Compliance with Policy 12.7; 12.7.1 Yes _____ No _____

Date _____ Signature _____ Code _____