



Professional Practice Group (PPG)
Special Grant Request Form

Name of PPG

\_\_\_\_\_

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

\_\_\_\_\_

Address

\_\_\_\_\_

Preferred phone

\_\_\_\_\_

Email address

\_\_\_\_\_

Reason for requesting special grant (if applicable, please state conference location or purpose for funds and number of RNs or students participating)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Budget (if applicable, please provide a brief outline of the budget)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you receiving other financial assistance? Yes \_\_\_\_\_ Amount \$ \_\_\_\_\_ No \_\_\_\_\_

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 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 mail or email form to Anita Nivala, Program Assistant, Nursing Practice:

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

FOR SRNA USE ONLY

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

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

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