



CONTINUING NURSE EDUCATION FUND

APPLICATION FOR FUNDING FOR GROUP EDUCATION PROJECT

OFFICE USE
File # _____
Date Received: _____

Funding provided by the Yukon Department of Health & Social Services and administered by the Yukon Registered Nurses Association

Group Contact Information

Name: _____	YRNA Reg. # _____
Address: _____	
Postal Code _____	
Phone: (home) _____	(work) _____
Email: _____	

Education Project Information

Project Name: _____	
Project Dates: _____	
Project Location: _____	
Project Description: <i>(Use back of sheet to describe this group education project including details about presenters, goals, and benefits for Yukon nursing and healthcare.)</i>	
Total # Projected Participants: _____	# of Projected RN Participants: _____

Project Financial Information

EXPENSES Presenter Costs \$ _____ Cost of Materials \$ _____ Venue Costs \$ _____ Other: \$ _____ \$ _____ \$ _____ TOTAL PROJECTED COSTS \$ _____	FUNDING SOURCES Participant Fees* \$ _____ Other Funding Sources \$ _____ \$ _____ \$ _____ <div style="background-color: yellow; padding: 5px;"> REQUESTED CNEF FUNDS \$ _____ </div> TOTAL PROJECTED REVENUE \$ _____
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*Please note that the Education Fund Management Committee will expect participants to bear some financial cost to attend. Attach additional financial information to explain level of funding being requested from the CNEF fund if necessary.

Project Description: *(Describe this group education project including details about presenters, goals, and benefits for Yukon nursing and healthcare.)*

This application is being submitted for the purpose of obtaining financial assistance from the Continuing Nurse Education Fund. The statements made in this application are, to the best of my knowledge, true and correct.

It is agreed that the Yukon Registered Nurses Association, through its Education Fund Management Committee or other representatives, is allowed to inspect documents concerning the project for which funds are being sought, and that receipts will be provided for all reimbursable expenses incurred in the process of delivering this education project.

It is understood that I may be asked to write an article on this education program/endeavour for publication in YRNA's *Nurses' Notes* newsletter and I agree to comply with this request if asked.

I understand that these funds are administered by the Yukon Registered Nurses Association through its Education Fund Management Committee and that disbursement of approved funds is subject to funding being provided by the Yukon Department of Health & Social Services.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____