

**IX. ORNAA BURSARY AND/OR SPECIAL EDUCATION FUNDING  
APPLICATION FORM  
Fiscal Year July 1-June 30**

Submit completed application (including tuition receipt(s) and proof of course completion)  
to district executive member/hospital rep.

PERSONAL INFORMATION:

DATE: _____	NAME: _____
PHONE: _____	ADDRESS: _____
CITY: _____	POSTAL CODE: _____
EMAIL: _____	EMPLOYER: _____
ORNAA DISTRICT: _____	MEMBERSHIP#: _____

Were you an ORNAA member last fiscal year    yes    no  
List meetings, workshops, etc. attended: \_\_\_\_\_

COURSE/PROGRAM INFORMATION:

University/education institution: \_\_\_\_\_  
Degree/Certificate pursuing: \_\_\_\_\_

COURSE TITLE(S)	DATE/YEAR OF COURSE COMPLETION	TUITION (include receipt)	PROOF OF COMPLETION
1) _____	_____	_____	__y/n__
2) _____	_____	_____	__y/n__
3) _____	_____	_____	__y/n__

Are you currently employed in perioperative nursing while pursuing degree/certificate:    yes  
no  
Are you on an approved LOA:    yes    no  
Explain/details(include dates): \_\_\_\_\_

List other sources of funding/amounts: \_\_\_\_\_  
\_\_\_\_\_

Applicants Signature \_\_\_\_\_

## APPLICATION INFORMATION AND CRITERIA

- Fiscal year is July 1-June 30
- Applications must be submitted in the year the expenses are incurred
- Applicant must have been an active ORNAA member in the previous fiscal year
- Funding application must be complete and correct
- Original expense receipts must be submitted
- A copy of the article or verification of the 20 minute presentation must be submitted to the district treasurer for final funding monies
- Any monies distributed(budget permitting) are on the discretion of district executive and the meeting of funding criteria.

### FOR DISTRICT USE ONLY

Date application received:\_\_\_\_\_Receipts received: yes no

Eligibility criteria met: yes no Article/presentation submitted: yes no

Amount granted:\_\_\_\_\_Cheque#:\_\_\_\_\_Date:\_\_\_\_\_

District Treasure signature:\_\_\_\_\_

Comments:\_\_\_\_\_