## Bennett and Albert County Health Care Foundation Inc. Staff Education Fund Application Form

Please read guidelines attached before completing your application. Complete both sides of application and submit it to the Manager of the Albert County Health & Wellness Centre for recommendation. The Manager will then forward the form to the Foundation for approval.

Name:	Department:
Position:	Telephone: (w)(h)
Full Time:	Permanent Part Time:
Name of program:	
Date(s) of program:	
Location:	
Have you been accept Is this an application f	registration? yes no ed? yes no for a degree or certification program? yes no n for a degree or certification program, please provide details:
List the major topics of	of the program:
List the major benefits	s the program will provide to you and to the Health & Wellness Centre

Estimated Expenses:	Amount
Registration:	\$
Accommodation: Number of nights Daily Rates	\$
Meals: Number of days Avg Daily Rate	\$
Travel:	\$
Other:	\$
Total Requested	\$
Have you previously received assistance from this fund? If so, when was funding awarded, and how much? What is the minimum amount of assistance you require to attend this Program? Have you applied for any other funding assistance? Yes No If you have applied for other funding assistance, please provide the details of an whether any assistance is being provided:	y request(s) and
If assistance is not available to you through this fund, how do you plan to attend	this program?

Manager's Comments:		
What funds can be provided by the Centre's Education Budget?		
Signature of Facility Manager		
Application reviewed by the Bennett and Albert County Health Care Foundation:		
Date:		
Application is Approved $\square$ , or Not Approved $\square$ :		
Chairperson:		

Revised February 26, 2018