

Health Sciences Saskatchewan

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EDUCATION FUND APPLICATION

Section I – Member Information					
Name of Member:	Last	First	L-24-1		
	Last	First	Initial		
Address: Street/Box No.	City/Town		Postal Code		
Telephone: Home		Email:			
Date employment commenced:		Health care facility:			
Union Region #:	Profession:				
Section II – Educational Event Information					
Name and description of event:					
Location of event:					
Name and address of sponsor of event:					
Date(s) of event: (from)		(to)			
	(Day/Month/Year)		(Day/Month/Year)		
Section III – Financial Informatio	n				
What amount are you applying for? (maximum of \$500.00):					
Please provide a breakdown of the costs you have incurred, or an estimate of those you plan to incur in attending the event: Tuition/Registration fee Accommodation Textbooks					
Child care	Transportation		Meals		
Other (specify)					
			(Continued)		

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AUTHORIZE THE FINANCE COMMITTEE TO VALIDATE ANY OF THE AFOREMENTIONED INFORMATION IF REQUIRED.				
Member's signature		Date		
Check-off list to make sure you have:		Completed all portions of the form Attached receipts which indicate payment		
		Attached an outline of the event which explains its content		
Section IV – Office Use Only				
Amount awarded for this event:				
Comments:				
Signature of Office Manager/HSAS Represental	tive	Date		

APPLICATION GUIDELINES

Who is eligible?

- * Only members of HSAS are eligible to apply.
- * In order to qualify for assistance, you must be an HSAS Member as of the day the course commences.
- * The education event must be directly related to your present position. At the discretion of the Finance Committee, a Member may be requested to write a letter explaining in more detail how the event being applied for relates to her current position.

Application procedure

- * Only one (1) application per educational event.
- * An application may be submitted for either the fall draw (September 1—February 28) for educational events falling within that period, or the spring draw (March 1—August 31) for educational events falling within that period.
- * Deadline for the Fall draw is January 15.
- * Deadline for the Spring draw is June 15.
- * No confirmation of receipt of application will be sent.
- * If the event is not attended, HSAS expects full reimbursement of the educational grant

Required documentation

* Application Forms: Only an original application form is accepted. A PDF scanned copy will be accepted at email: hsasstoon@hsas.ca. * RECEIPTS: Originals or copies must be submitted within 30 days of event completion or notification of successful application. These may be submitted by mail or in person. Receipts may be scanned and emailed to the Saskatoon office (hsasstoon@hsas.ca)

* NO FAX COPIES WILL BE ACCEPTED.

Selection procedure

- * A lottery system will be used to select successful applicants.
- * Names will be drawn from all eligible applications budgeted each year.
- *Applicants are eligible for a Maximum of \$500.00 per person per continuing education event.

Award notification

- * Successful applicants will be notified within one (1) week of the application deadlines (January 15 and June 15) and their names will be posted on the website, www.hsas.ca and in the HSAS AGM Booklet.
- * Unsuccessful applicants will not be contacted.

Administration

- * Successful applicants will be paid by cheque upon presentation of expense receipts.
- * Only expenses for the following will be considered for reimbursement: tuition/registration fee, meals, accommodation, transportation, child care and textbooks.
- * These guidelines may be added to, changed or amended at any time upon authorization of Executive Council.
- * Application forms may be obtained from the Saskatoon HSAS office or website.
- * The responsibility for conducting the lottery and resolving any disputes in regard to eligibility or interpretation of these guidelines rests
- exclusively with the Finance Committee whose decision is final and binding.

Personal information

HSAS will only use and disclose the personal information collected in connection with this application for the purposes of evaluating and processing the application, validating the information provided and any other purpose as required by law. For other information about privacy policies of HSAS, please see our web site, **www.hsas.ca**, or contact our office.

Names of successful applicants will be published in the AGM Booklet and HSAS website.