

Health Sciences Association of Saskatchewan

**#42 - 1736 Quebec Avenue** Saskatoon, SK S7K 1V9 Phone: (306) 955-3399 Toll-Free: 1-888-565-3399 hsasstoon@hsas.ca

## WARREN CHYKOWSKI MEMORIAL AWARD APPLICATION

Warren Chykowski graduated from the Northern Alberta Institute of Technology in Edmonton, Alberta, with a certificate in Respiratory Therapy. He moved back to Saskatchewan and started working in the Saskatoon Health Region as a Respiratory Therapist in July of 1990. Warren started his involvement with HSAS by serving on Executive Council representing Respiratory Therapists, Anesthesia Assistants and Perfusionists. He was elected to the office of Treasurer of HSAS from 2003-2005. He was then elected to the Board of Governors and served in that role for 6 1/2 years. Over his many years involved with HSAS he served on many committees including Chair of Essential Services during two contract negotiations, Negotiations Committee and Finance Committee. Warren was very passionate and a strong advocate for his profession and for HSAS as a whole.

The guidelines listed on the reverse of this form will be used as part of the process for the approval and acceptance of all applications; please read them carefully before filling out and submitting your application. Completed applications should be sent to the Saskatoon HSAS office (email and mailing address above).

## PLEASE PRINT CLEARLY

Section I – Member Information		
Name of Member:		
Last	First	Initial
Address:		
Street/ Box No.	City/Town	Postal Code
Telephone:		
	Lealth Care Facility	
Date Employment Commenced: Employment Status:		
Employment Status: <ul> <li>Permanent Full-Time</li> <li>Temporary Full-Time</li> <li>Permanent Full-Time</li> </ul>	manent Part-Time Temporary Part-T	ime 🗖 Casual
Union Region #:	Profession:	
Non-Work Email:		
Section II – Education and Event Information		
Name and Description of Event:		
Location of Event:		
Name and Sponsor of Event:		
Name and Sponsor of Event:		
Date(s) of Event: (from)	(to)	
(day/month/year)	(day/month/year)	

	ide a breakdown of the costs you have incurred, or an estimate of those you plan to incur in attending the event:	Section III – Financial Info	rmation				
Tuition/ Registration Fee:     \$     Textbooks:     \$	gistration Fee: <u>\$</u> Accommodation: <u>\$</u> Textbooks: <u>\$</u>	What amount are you app	lying for? (maximum o	f \$500) \$			
		Please provide a breakdow	n of the costs you hav	e incurred, or an es	timate of those you plan	to incur in atte	ending the event:
	\$ Transportation: \$ Meals: \$	Tuition/ Registration Fee:	\$	Accommodation:	\$	Textbooks:	\$
Child care: \$ Transportation: \$ Meals: \$		Child care:	\$	Transportation:	\$	Meals:	\$
Other:		Other:					

## Section IV – Member Authorization

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 Sig	gnature	Date
Please ensure the following:	<ul> <li>Section I - IV are complete</li> <li>Receipts attached (if payment completed)</li> <li>Outline of event attached (which explains it</li> </ul>	s content)

Section V – Office Use Only	
Comments:	
Amount Awarded: <u>\$</u>	
Date Received:	
Manager of Finance and Operations	Date

### WARREN CHYKOWSKI MEMORIAL AWARD APPLICATION GUIDELINES

#### Who is eligible?

• In order to qualify for assistance, the applicant must be an Active HSAS Member.

#### **Application Procedure:**

- HSAS Members will be eligible for one grant per fiscal year to a maximum of \$500.00.
- 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, or a scanned PDF copy can be sent to: hsasstoon@hsas.ca.
- Receipts: Originals or copies must be submitted within 30 days of the event completion. These may be submitted by mail, in person, or electronically to the Saskatoon HSAS office (hsassaskatoon@hsas.ca).
- No faxed copies will be accepted.

#### **Selection Procedure:**

- Coursework must be completed within the fiscal year of application.
- Coursework may be on line or physically in attendance of event.
- Coursework must be related in the following areas:
  - Human Rights.
  - o Climate Change and its impacts.
  - Cultural Awareness.
  - o Community Activism.
  - $\circ \quad \ \ {\rm Equity\ Diversity\ and\ inclusion\ in\ health\ care.}$
  - Or other equivalent content to above.

#### Warren Chyykowski Memorial Award Notification:

• Unsuccessful applicants will not be contacted.

#### Administration:

- The successful applicant will be eligible for a maximum of \$500.00 which will be paid by cheque upon presentation of expense receipts.
- Only expenses for the following will be considered for reimbursement: registration fee, meals, accommodations, transportation for out-of-town events, child care and textbooks.
- These guidelines may be added to, changed, or amended at any time upon authorization of HSAS Executive Council.
- Application forms may be obtained from the HSAS office or website.
- Funds will be awarded on a first come, first serve basis and are based on yearly budgeted amounts. All decisions made regarding the application and coursework eligibility are 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 visit **www.hsas.ca**.

# Names of successful applicants will be posted on the HSAS website and published in the HSAS Annual Convention book.