

# WARREN CHYKOWSKI MEMORIAL AWARD APPLICATION

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 OR TYPE

|                                                                                                                                                                                                                          |                      |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------|
| Name of Member:                                                                                                                                                                                                          |                      |                |
| (Last)                                                                                                                                                                                                                   | (First)              | (Initial)      |
| Address:                                                                                                                                                                                                                 |                      |                |
| Street/Box No.                                                                                                                                                                                                           | City/Town            | Postal Code    |
| Telephone: (Non-work)                                                                                                                                                                                                    | Union Region Number: |                |
| Email: (Non-work)                                                                                                                                                                                                        |                      |                |
| Health Care Facility:                                                                                                                                                                                                    |                      |                |
| Department/Section:                                                                                                                                                                                                      | Profession:          |                |
|                                                                                                                                                                                                                          |                      |                |
| Name/description of event:                                                                                                                                                                                               |                      |                |
| Location of event:                                                                                                                                                                                                       |                      |                |
| Name of sponsor of event:                                                                                                                                                                                                |                      |                |
| Event date (from):                                                                                                                                                                                                       | (to)                 |                |
| (day-month-year)                                                                                                                                                                                                         | (day-month-year)     |                |
| What amount are you applying for? (maximum \$500) \$                                                                                                                                                                     |                      |                |
| Estimate or cost incurred breakdown for attending the event                                                                                                                                                              |                      |                |
| Tuition/Registration Fee: \$                                                                                                                                                                                             | Accommodation: \$    | Textbooks: \$  |
| Child care: \$                                                                                                                                                                                                           | Transportation: \$   | Meals: \$      |
| Other:                                                                                                                                                                                                                   |                      |                |
| <b><i>I certify that the information submitted in this application is true and correct. I hereby authorize the Finance Committee to validate any of the aforementioned information, if required.</i></b>                 |                      |                |
| Member's signature                                                                                                                                                                                                       |                      | Date           |
| Please ensure the following: <input type="checkbox"/> Application is complete: <input type="checkbox"/> Receipts attached (if payment complete): <input type="checkbox"/> Outline of event attached (explaining content) |                      |                |
| Office Use Only                                                                                                                                                                                                          |                      |                |
| Amount awarded:                                                                                                                                                                                                          |                      | Date received: |
| Comments:                                                                                                                                                                                                                |                      |                |
| Manager of Finance and Operations                                                                                                                                                                                        |                      | Date           |

SUBMIT TO: HSAS #2305 Hanselman Place Saskatoon, SK S7L 6A9 [hsasstoont@hsas.ca](mailto:hsasstoont@hsas.ca)  
Tel.: (306) 955-3399 Toll-Free: 1-888-565-3399 Fax: (306) 955-3396

# WARREN CHYKOWSKI MEMORIAL AWARD

## APPLICATION GUIDELINES

### Who is eligible?

- Only members of HSAS are eligible to apply.

### 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

- Only an original application form is accepted, or a scanned PDF copy can be sent to: [hsasstoontoon@hsas.ca](mailto:hsasstoontoon@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](mailto:hsassaskatoon@hsas.ca)).

### Selection Procedure

- Coursework must be completed within the fiscal year of application. • Coursework may be online or physically in attendance of event.
- Coursework must be related in the following areas:
  - Human Rights
  - Climate Change and its impacts.
  - Cultural Awareness.
  - Community Activism.
  - Equity Diversity and inclusion in health care.
  - Or other equivalent content to above.

### 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, childcare 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 information regarding privacy policies of HSAS, see **[www.hsas.ca](http://www.hsas.ca)**, or contact our office.

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