



Education Grant Application Form

Office Use:
Approved by: _____
Date Approved: _____

The purpose of the Fraser Valley Health Care Education Grant is to contribute in part to the costs of continuing education in the health care field with the understanding that the recipient of the grant brings back knowledge that is learned to share with colleagues at rounds or group meetings. Confirmation of that event must be provided to the Foundation.

ARH CGH MMH FCH Other

Name: _____ Application Date: _____

Address: _____

Email: _____ Phone: _____

Location: _____ Department: _____

Job Title: _____ Full Time Part Time Casual

Program Information

Conference / Workshop / Program name: _____

Cost of program: _____ Date: _____ Location: _____

Please provide a brief description of the program and attach documentation:

Why do you wish to take this program?

How will this program benefit your unit / department / patients?

How will you share what you learn with your unit / department?

I will share what I've learned with my unit within 30 days of my return Yes No

Have you applied for other funding for this course/workshop? Yes No

If yes, please specify source and amount

Please provide:

Proof of registration

Proof of payment

Completed By

Applicant Signature: _____ Name: _____

Date: _____

Manager Signature: _____ Name: _____

Date: _____

Site Executive Director Signature: _____ Name: _____

Date: _____

Approval

Approved Amount: _____

Declined Reason: _____

Approving Signature: _____

Name: _____

Please send the completed application to:

Fraser Valley Health Care Foundation

Fax: (604) 851 - 4898

Email: info@fvhcf.ca

Please note that incomplete applications cannot be processed.

*Please note - Education grants are not available to doctors nor are they available for re-certification costs