



Alberta Registered Nurses
Educational Trust

Investing in the Heart of Healthcare

2010 Request for Charitable Support EVENT FUNDING Reimbursement Application Form

Use this application to apply for reimbursement of self-paid costs
to attend an educational conference or workshop.

A Registered Charity supporting RN members of CARNA

Charities, such as ARNET, rely on the generosity of our donors, contributions from our partners and the growth of our investments to support educational funding. ARNET recognizes the tremendous pressures impacting the lives and educational pursuits of Alberta RNs. To maximize the number of RNs that we are able to support each year, our Board of Directors has implemented funding changes effective 2010 as outlined in this application.

- **Eligible expenses are REGISTRATION FEES only.** Registration fees must be **OVER \$100.00.**
- **Only one (1) Event Funding application per person per application deadline date will be considered.**
- Submission of an application **does not guarantee** full or partial funding support from our charity.
- You will receive written notification as to the status of your application **3-4 weeks after** the application deadline date you select.

APPLICATION DEADLINE DATE:

Please ensure that your application is received by the appropriate deadline. Your conference/workshop must occur within 12 months (before or after) the date you select.

(Select one only) April 30, 2010 or October 30, 2010

Last Name:		CARNA Registration No. :
First Name:		Home Phone:
Address:		Work Phone:
Town/City:		Postal Code:
PLACE OF EMPLOYMENT AND SITE NAME		POSITION
<input type="checkbox"/> Hospital (specify)		<input type="checkbox"/> Registered Nurse
<input type="checkbox"/> Long-term Care		<input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> Public/ Community Health		<input type="checkbox"/> Administrator
<input type="checkbox"/> University/ College		<input type="checkbox"/> Faculty Member
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Other (specify)
Member of <input type="checkbox"/> Foothills Nurses Alumni Association Please <u>attach</u> proof of current group membership for access to alternate funding options administered by ARNET. Contact your group for additional information.		
FUNDING REQUEST FOR CHARITABLE SUPPORT		
Workshop/Conference Title*:		
Start Date:	End Date:	*A copy of the conference registration form and/or a summary of the conference objectives must be attached.
Location of Event (City/ Country):		
Event is presented by:		
You are attending as a: <input type="checkbox"/> Participant <input type="checkbox"/> Speaker <input type="checkbox"/> Poster Presenter <input type="checkbox"/> Other _____		
Registration Costs Requested (to a maximum of \$1,000): \$		

DO NOT ATTACH RECEIPTS TO THIS APPLICATION. You will be required to submit ORIGINAL receipts if notified that your funding application was successful.

Have you considered making an investment in nursing?
Visit www.nurses.ab.ca/arnet to make a donation today



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IMPACT OF THIS EDUCATIONAL ACTIVITY ON MY NURSING PRACTICE

Please check only the one most significant to you
Charitable support received from ARNET for this educational activity will:

<input type="checkbox"/> Improve my ability to provide higher quality nursing care	<input type="checkbox"/> Improve my specialty practice skills
<input type="checkbox"/> Improve my professional knowledge	<input type="checkbox"/> Enhance my ability to move into another clinical area
<input type="checkbox"/> Enhance my ability to fill a promotional opportunity	<input type="checkbox"/> Enhance my ability to secure a nursing faculty position

DISCLOSURE OF INFORMATION & CERTIFICATION

ARNET does not share personal information with any organization other than as required by law. We maintain records for the purpose of distributing educational funding, tax & charitable receipting, research and campaign information. All information is kept private and confidential stored in a secure location and accessible only by authorized individuals.

Have/ will you apply for funding from another source for this educational activity? Yes No

If Yes, amount applied for \$ _____ from _____ Already received? Yes No

PLEASE NOTE that failure to fully disclose alternate funding received for this particular educational activity is considered a violation of the Nursing Practice Standards and could result in disciplinary actions.

I understand that submitting an application does not guarantee funding and that all decisions of the Selections Committee are final. **Receipts ARE NOT attached to this application.** I understand that I will be required to submit ORIGINAL receipts if notified that my funding application is successful.

I CERTIFY that the information submitted on this application is true and complete.

Date _____ Signature _____

Email Address: _____

Please Note:

1. Submission of application does not guarantee funding from our charity. All decisions of our Selections Committee are final.
2. You will receive written notification as to the status of your application **3-4 weeks after the application deadline date.**
3. Late, incomplete or emailed applications will not be considered
4. For information, call: 1-800-252-9392, extension 427
5. Alternate funding application forms for Specialty Nursing Certification or Degree Level studies are available at www.nurses.ab.ca/arnet

Submit completed application for charitable support to:

Alberta Registered Nurses Educational Trust (ARNET)
11620-168 Street
Edmonton, AB T5M 4A6

or by fax: 780-481-3785

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