



# EDUCATION FUND

**#42 - 1736 Quebec Avenue**  
**Saskatoon, SK S7K 1V9**  
 Phone: (306) 955-3399  
 Toll-Free: 1-888-565-3399  
 Fax: (306) 955-3396

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.

**PLEASE PRINT**

**Section I - Member Information**

Name Of Member: \_\_\_\_\_  
Last First Initial

Address: \_\_\_\_\_  
Street/Box No. City/Town Postal Code

Telephone: \_\_\_\_\_  
Home Work

Date Employment Commenced: \_\_\_\_\_ Health Care Facility: \_\_\_\_\_

Department/Section: \_\_\_\_\_ Profession: \_\_\_\_\_

Employment Status:  Permanent Full-Time  Temporary Full-Time  Permanent Part-Time  Temporary Part-Time  Job Share  Casual

**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)

Type Of Event:  Course (Specify)  Seminar  Workshop  Annual Meeting  Conference  
 Other (Specify): \_\_\_\_\_

**Section III - Financial Information**

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) _____		

Have You Previously Received Assistance From The Health Sciences Association Of Saskatchewan Education Fund?  Yes  No

If Yes, When: \_\_\_\_\_ Amount: \_\_\_\_\_

(Continued)

*I Certify That The Above Information Is True And Correct. I Hereby Authorize The Education Fund 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 A Fee Schedule Which Indicates The Cost Of The Event
- Attached An Outline Of The Event Which Explains Its Content

#### Section IV - Office Use Only

Amount Awarded For This Event: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature Of Committee Chairperson \_\_\_\_\_

Date \_\_\_\_\_

### APPLICATION GUIDELINES

1. Only members of HSAS are eligible to apply. In order to qualify for assistance, you must be an HSAS member of at least one day's standing as of the day the course commences.
2. The Education event must be directly related to your present position. At the discretion of the Education Fund Committee, a member may be requested to write a letter explaining in more detail how the event being applied for relates to his/her current position.
3. A lottery system will be used to select successful applicants. Names will be drawn from all eligible applications in the following manner: Twenty (20) names in October and twenty (20) names in March of each year.
4. Members will be allowed to submit only one (1) application for each draw (October 1<sup>st</sup> and March 1<sup>st</sup>). Only one (1) educational event per application is permitted. Yearly application periods are October 2<sup>nd</sup> to March 1<sup>st</sup> and March 2<sup>nd</sup> to October 1<sup>st</sup>. Members will be permitted to apply in a maximum of two (2) of the following three (3) application periods for the same educational event:
  - i) the period in which their educational event occurs or;
  - ii) the period immediately preceding the date their educational event occurs; or
  - iii) the period immediately following the date their educational event occurs.No confirmation of receipt of application will be sent.  
Only one (1) award per educational event is permitted
5. Successful applicants will be notified within one (1) week of the application deadlines (October 1<sup>st</sup> and March 1<sup>st</sup>) and their names will be printed in the next edition of Dispatches. Unsuccessful applicants will not be contacted. A new application must be submitted for each lottery.
6. Required Documentation:  
Application Forms: Only an original application form will be accepted.  
Receipts: Originals or copies may be submitted.  
No faxes will be accepted.
7. Successful applicants are 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; tuition/registration fee, meals, accommodation, transportation, child care and textbooks.
8. 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.
9. These guidelines may be added to, changed or amended at any time upon authorization of Executive Council.
10. Application forms may be obtained from the Saskatoon HSAS office.
11. 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.hsa-sk.com](http://www.hsa-sk.com), or contact our office.