



EDUCATION FUND

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

Please read the guidelines on the reverse of this form carefully before filling out your application. Incomplete or incorrectly completed applications will be rejected. If you have any questions about the application form, please call the Saskatoon office for assistance. 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 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) _____		

To Have Your Application Considered You Must Apply To Other Sources For Assistance. Please List Sources, Amounts Applied For, Whether You Were Successful In Obtaining Assistance And The Amount Of Assistance For This Event:

		Successful?		
Source	Amount Applied For	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount Received
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

(Continued)

Have You Been Invited To Make A Presentation At This Event? Yes No

If Yes, Will You Be Receiving An Honorarium? Yes No If Yes, What Is The Amount? _____

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

If Yes, When: _____ Amount: _____

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
- Applied To Other Sources For Funding

Section IV - Office Use Only

Amount Awarded For This Event: _____

Comments: _____

Signature Of Committee Chairperson Date

APPLICATION GUIDELINES

1. It is the position of HSAS that the responsibility for assuming costs associated with continuing job related education resides with the employer. As a result, this Fund shall not be viewed as a primary funding source.
2. 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.
3. 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.
4. A lottery system will be used to select successful applicants. Names will be drawn from all eligible applications in the following manner: Fifteen (15) names in October and fifteen (15) names in May of each year.
5. Members will be allowed to submit only one (1) application for each draw (October 1st and May 15th). Only one (1) educational event per application is permitted. Yearly application periods are October 2nd to May 15th and May 16th to October 1st. 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;
 - iii) the period immediately following the date their educational event occurs.
 No confirmation of receipt of application will be sent.
6. Successful applicants will be notified within one (1) week of the application deadlines (October 1st and May 15th) 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. Each applicant is allowed to receive only one award per fiscal year (October 1st to September 30th).
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. Funds may be awarded in advance of event at the discretion of the Education Fund Committee.
8. For events longer than two (2) weeks in duration, proof of course completion must also be submitted before funds will be released. A photocopy of a transcript, diploma or other proof of completion will be accepted.
9. The responsibility for conducting the lottery and resolving any disputes in regard to eligibility or interpretation of these guidelines rests exclusively with the Education Fund Committee whose decision is final and binding. The Education Fund Committee consists of the Executive Director and two Executive Council Members.
10. These guidelines may be added to, changed or amended at any time upon authorization of Executive Council.
11. Application forms may be obtained from the Saskatoon HSAS office.
12. 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, or contact our office.