



GROUP Education Grant Application

PART 1: TO BE COMPLETED BY GROUP DESIGNATE

GROUP Name: _____

Department: _____

Telephone: _____

Email: _____

Number of years currently employed in the care of the 0-18 year population: _____

Have you received funding through this grant? If so, when: _____

Have you applied for any other source of funding? If so, please list: _____

Education Opportunity (brochure attached): _____

Location: _____ Date: _____

Relevance to your group: _____

Detailed Summary for sharing information/knowledge gained (limit – one page):

Applications **NOT SIGNED** will be **RETURNED** to the group designate.

Cost Breakdown:

Registration Fee: _____

Other (Specify): _____

Estimated Total Cost: _____

Signature: _____

Date: _____

Division Manager Signature: _____

Ph #: _____

SUBMIT TO: JANEWAY EDUCATION GRANT COMMITTEE

Email: paula.dalley@easternhealth.ca

PART II: TO BE COMPLETED BY THE STAFF EDUCATION GRANT COMMITTEE

Recommended: _____ **Not Recommended:** _____

Comments: _____

Chairperson

Date