



**ORNANS MEMBERS
APPLICATION FOR PROVINCIAL FUNDING**

(revised July 2018)

PERSONAL INFORMATION:

Name: _____ Membership#: _____

Full Address: _____ Postal Code _____

Phone # Home/Cell: _____ email: _____

Hospital: _____ Department: _____ Title: _____

ORNANS member: 1. How long? _____ List meetings, workshops attended:

COURSE/SEMINAR INFORMATION:

1. Funding requested from ORNANS?: _____
Course/seminar _____ Dates/times: _____
2. Have you received previous funding from ORNANS? Yes ___ No ___ When: _____
3. Other financial assistance requested? Yes ___ No ___
4. Amount of total financial assistance being requested? _____

CRITERIA FOR SPONSORSHIP: (see Constitution & by-laws) **Minimum of 12 points/2 years**

Point System	# Points	Accumulated points
<i>Chapter meeting attended</i>	<i>3/meeting</i>	
<i>Annual General Meeting attended</i>	<i>3/meeting</i>	
<i>Member of Provincial or Regional Executive</i>	<i>6/ year</i>	
<i>Active Provincial/ Regional Committee Member</i>	<i>3/year</i>	
<i>Provincial/ Regional Committee Chair Person</i>	<i>6/ year</i>	
<i>Speaker at a Meeting</i>	<i>6</i>	
<i>Article written in National Journal</i>	<i>6</i>	

**Committee chairperson cannot claim points as committee member

****Send completed forms to: Christine Chisholm, 49 Whidden Street, Antigonish, NS, B2G 2V7 or scan and email to ornanstreasurer@gmail.com**

****Please follow up with an email to ensure receipt of form- ornanstreasurer@gmail.com**

OFFICE USE ONLY: REQUEST ACCEPTED _____	AMOUNT \$ _____
REQUEST DENIED _____	INITIAL _____
DATE _____	