

ORNANS MEMBERS APPLICATION FOR PROVINCIAL FUNDING

(revised July 2018)

PERSONAL INFORMATION:

Phone # Home/Cell:	Name:	Memb	bership#:		
Department:	Full Address:	Postal Code			
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	Phone # Home/Cell:	ema	ail:		
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REQUEST DENIED INITIAL	OFFICE USE ONLY: REQUEST ACCEPT	ED	AMOUNT \$ _		
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