



FVHCF Education Grant Application Form

The purpose of the Fraser Valley Health Care Education Grant is to contribute in part to the costs of continuing education in the health care field with the understanding that the recipient of the grant brings back knowledge that is learned to share with colleagues at rounds or group meetings. Confirmation of that event must be provided to the Foundation.

Please note - Education grants are not available to doctors, for re-certification costs or degree or master programs and upgrading. Staff must also be working at locations in Abbotsford, Mission, Chilliwack or Hope. Individuals may apply once per calendar year.

<input type="checkbox"/> ARH <input type="checkbox"/> CGH <input type="checkbox"/> MMH <input type="checkbox"/> FCH <input type="checkbox"/> Other	
Name: _____	Application Date: _____
Address: _____	

Email: _____	Phone: _____
Location: _____	Department: _____
Job Title: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual

PROGRAM INFORMATION

Conference / Workshop / Program name: _____

Cost of program: _____ Date of program: _____ Location: _____

Please provide a brief description of the program and attach documentation: _____

Why do you wish to take this program? _____

How will this program benefit your unit / department / patients? _____

How will you share what you learn with your unit / department? _____

I will share what I've learned with my unit within 30 days of my return Yes No

Have you applied for other funding for this course/workshop? Yes No

If yes, please specify source and amount: _____ \$ _____

Approved by: _____
Amount Approved: \$ _____

PLEASE PROVIDE

- Proof of registration
- Proof of payment

COMPLETED BY

Applicant Name _____ Signature _____

Manager Name _____ Signature _____

Site Director Name _____ Signature _____

APPROVAL (to be completed by Foundation office)

Approved Amount: \$ _____

Declined Reason: _____

Approved by: _____

Signature: _____

Please send the completed application to:
Fraser Valley Health Care Foundation
32900 Marshall Rd
Abbotsford, BC V2S 0C2

Phone: (604) 851 - 4890
Fax: (604) 851 - 4898
Email: info@fvhcf.ca

**Please note that incomplete applications cannot be processed.
One person per application**

*Please note - Education grants are not available to doctors nor are they available for re-certification costs