

# MANITOBA OPERATING ROOM NURSES ASSOCIATION FUNDING APPLICATION FORM



## PART 1- MEMBER INFORMATION

Name:	ORNAC #:
Mailing Address:	
Email Address:	Phone #:

## PART 2- FUNDING REQUESTS: FUNDING IS AVAILABLE FOR THE FOLLOWING THREE CATEGORIES

A- EDUCATION FUNDING	
Educational Session/Event:	
Location:	
Start Date:	End Date:

B- TRAVEL FUNDING	
Name of Session:	
Location of Session:	
Home Location:	
MORNA Members That Travelled With:	

C- CNA FUNDING		
Please Select:	<input type="checkbox"/> Initial Certification	
	<input type="checkbox"/> Recertification	Previous Certification Date:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE EMAIL COMPLETED FORM TO MORNA.TREASURER@GMAIL.COM**

PART 3- FUNDING APPROVAL (OFFICE USE ONLY)			
Current Member:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	
Active Member in Previous Year:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	
Attended at Least 3 MORNA Meetings in Previous Year:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dates of Meetings Attended:			
<b>Education Funding</b>	Minimum Criteria Met:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
	Points System (See Funding Guidelines for Criteria for Additional Points):		
	Please List What Events/Committees You have Attended to Recieve Points:		
	Points Awarded:	_____ x \$50.00=	\$ _____
		<b>Total Funding Issued: \$ _____</b>	
<b>Travel Funding</b>	Kilometers Traveled: _____		<b>Total Funding Issued: \$ _____</b>
<b>CNA Funding</b>			<b>Total Funding Issued: \$ _____</b>
Treasurer Signature: _____		Date: _____	
Cheque Number : _____			