Viola Leadlay Continuing Education Fund
Application Form

This fund was established by the Alumni from a bequest to the Winnipeg General Hospital School of Nursing from a Manitoba nurse, Viola Leadlay. The Alumni receives a portion of the interest income on a yearly basis.

Who is Eligible to Apply?
Applicants must be Graduates of the Winnipeg General Hospital and Health Sciences Centre School of Nursing diploma program (including the University of Manitoba/Health Science Centre Collaborative Program) and paid members of the Nurses’ Alumni Association of the Winnipeg General Hospital and Health Sciences Centre.

Amount of the Award:
Up to $1000.00 per applicant per calendar year

What is Eligible for Funding?
- A continuing education activity applicable to nursing.
- The award may be applied to reasonable costs incurred by the applicant (registration, travel, hotel and meals for the conference days) as long as original receipts or signed photocopies are supplied for all expenses requested/incurred.
- Cancellation insurance, car insurance, car rental expenses, personal telephone calls and association/membership dues are not eligible for reimbursement.

Deadline for Applications:
All applications must be received within twelve (12) months of attending the educational event. The Application deadline is March 30 and September 30 each year. The Education Committee meets twice annually within two months of each deadline. Applications not meeting a deadline will not be considered until the next deadline. Applications may be submitted prior to the educational session but will not be considered until after the session has been completed and proof of attendance has been submitted.

Limitations:
A member may apply every year. However, if the applicant has been funded previously, priority may be given to applicants who have not previously received funding. Funding is not guaranteed.

Completed application form, receipts and proof of attendance are to be mailed to:
Convener, Education Committee
The Nurses’ Alumni Association of the Winnipeg General Hospital and Health Sciences Centre
c/o NA 138 –700 McDermot Avenue Winnipeg, Manitoba R3E 0T2
Application for Viola Leadlay Continuing Education Fund

Deadline date for submission of applications is March 30 and September 30 each year

- Late or incomplete applications will not be processed
- Each area on this form must be completed
- Applications will be considered after the education session completed
- Please submit proof of attendance at the education session
- All information herein is treated as strictly confidential

I realize funding is not guaranteed and that approval for funding is dependent on the amount of monies available and the total number of applicants for the funds. The maximum amount available per applicant is $1000.00 per year.

I hereby certify the following information is correct and I will abide by the above terms.

Please Print
Name of Applicant _________________________________________________________
(Last name)                             (First name)
Name at Graduation ________________________________________________________
Year of graduation from WGH/HSC School of Nursing    __________________________
(or affiliated Baccalaureate Program)
Address___________________________________________ Postal Code_____________
Home Phone____________________    Email Address ____________________________
Active Practicing Status (provincial/state registration number)_______________________
Is your alumni membership current? Yes □   No □   If no, please complete enclosed application.

How did you find out about the financial assistance available through the Nurses’ Alumni?

The Nurses’ Alumni Association Newsletter □
ARNM □
CRNM □
WGH/HSC Nurses Alumni Website □
HSC Website □
Other □
Specify _____________________________
Viola Leadlay

Name of Education Session _________________________________________________________

Held at (city) ___________________________________________ Date ____________________

Goal of attending Educational Session: ____________________________________________

Expenses
(Please use the following expense form. Attach original or signed photocopied receipts.)

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Cost</th>
<th>Amount received from other sources</th>
<th>Amount requested from Viola Leadlay Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference Fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Airfare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hotel (for conference days only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxi/Shuttle Fare (to and from airport only)</td>
<td></td>
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</tr>
<tr>
<td>Food – per diem $50 (for conference days only; receipts not required)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

❖ Applicants requesting return of receipts must enclose a stamped, self-addressed envelope.
❖ The application form and all documents will be destroyed after decision by the committee.

Print Name: ________________________

Signature: ________________________ Date: ____________________

Revised: April 2019, October, 2017, 2014
Reviewed: April 2009, 2011
Supersedes: November 2008
Winnipeg General Hospital/Health Sciences Centre School of Nursing
ALUMNI MEMBERSHIP FORM

Applicants must be Graduates of the Winnipeg General Hospital or Health Sciences Centre School of Nursing diploma program (including the University of Manitoba/HSC Collaborative Program).
* Life Membership – is assigned upon payment of the $200.00 Life membership fee or when the 50 year anniversary of your graduation year has been reached (Jubilee Year).
* If you currently have Active/Life membership and you wish to donate to Alumni activities, it is essential that you identify your intended Fund
* Membership fee amounts and donation options are identified below. Each requires a separate cheque.

<table>
<thead>
<tr>
<th>NAME</th>
<th>NAME AT GRADUATION</th>
<th>GRAD YEAR</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>City</th>
<th>Prov/State.</th>
<th>Country</th>
</tr>
</thead>
</table>

Postal/Zip Code: ___________________ Phone ___________________ EMAIL ___________________

My Contact Information may be disseminated to:
a. Class Reps  □  b. Classmates  □  c. WGH/HSC Grads living within my geographic area  □  or  □
My contact information may not be disseminated  □.

Please Submit Membership Form & Dues Or Donations to:
The Nurses’ Alumni Association WGH/HSC, c/o NA 138-700 McDermot Ave., WPG, MB  R3E 0T2
Exception: Mail Archives/Museum Fund Donation to: HSC Foundation  PW112 – 700 William Ave. WPG MB R3E 9Z9

Following submission of dues you will receive a “membership card” identifying you as a member in “good standing” of the Alumni. You will also be eligible to apply for Alumni Education bursaries. The annual Newsletter will be available on the association website. wghhscnursingalumni.com

Postal authorities recommend the use of cheques or money orders when sending funds. (Make cheque payable to Nurses’ Alumni Assoc. WGH/HSC)

| Membership Fees: | $25.00  Annual Dues  □  $200.00  Life Membership  □ |

DONATION Options: Please submit a separate cheque

A. Jubilee Memorial Fund (Lecture & Archives) □ Amount $_____ Please make cheque payable to Jubilee Memorial Fund. Tax receipt will be issued. Send to Alumni Assoc.

B. General Funds  □ Amount $_____ Please make cheque payable to Nurses’ Alumni Assoc. WGH/HSC. Tax receipt cannot be issued. Send to Alumni Assoc.

C. Archives / Museum Endowed Fund □ Amount $_____ Please make cheque payable to HSC Foundation and use memo line to direct the cheque to the Archives/Museum Collection Endowment Fund. Tax receipt will be issued. Send to HSC Foundation  PW112 – 700 William Ave. WPG MB R3E 9Z9