Charitable Registration # 88878 8999 RR0001 Phone: 1-800-252-9392 ext. 427

2018 FINANCIAL AID REQUEST FOR CHARITABLE SUPPORT

SPECIALTY CERTIFICATION

Financial aid for Alberta's registered nurses is made possible through the charitable donations of Albertans who believe in the significance of ongoing nursing education.

IMPORTANT INFORMATION FOR YOU:

- Current RN and NP members of CARNA are eligible to apply to ARNET a registered charity for educational funding reimbursement for self-paid studies which increase nursing knowledge and professional skills.
- o Unfortunately due to application volume, full or partial funding from our charity is not guaranteed.
- o Ensure your application arrives at the ARNET office prior to your selected deadline date.
- You will receive email notification of your application status approximately 6 weeks after your selected deadline date.
- o Send completed application with Electronic Funds Transfer form and Receipt(s) to:

ARNET

Alberta Registered Nurses Educational Trust

via Confidential Fax at 780-481-3785

or by mail to

11620 - 168 Street, Edmonton, AB T5M 4A6

For security reasons, emailed applications will not be accepted.

The following	g documents m	nust accompan	٧V	our funding	a a b	plication or	the a	a	plication v	vill not be	processed.
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Off	ficial payment documentation which indicates:
•	your name
•	date of payment
•	course or exam name/code

educational provider

amount paid

Please Note:

- Applications are processed <u>after the application deadline date</u> you select. You will receive email notification of your application status <u>approximately 6 weeks after that date</u>.
- Ensure your application arrives at the ARNET office prior to your selected deadline date.

Make sure the following is included in the sent application:
 □ Completed and signed application form □ Tuition/Exam fee receipt of payment □ Completed Electronic Funds Transfer (EFT) form with attached void cheque
Incomplete applications will not be processed.

Have any questions while filling out your application form? Don't hesitate to check out the FAQs on <u>our website</u> or call: 1-800-252-9392 ext. 427

Alberta Registered Nurses Educational Trust (ARNET)

CARNA Registration No:		First Name:		Last Name:			
Credential: □ RN or □ N	redential: RN or NP Daytime Phone No			Personal Email Address:			
*Includes ACLS, PALS, T	NCC – plea	se send a copy of your provider	card or certifi	cate along with	your receipt of payment of the course fees		
		ithin one year of the applicati					
Select ONE only:	•	30, 2018 (firm)	orr addamire a	•	nber 30, 2018 (firm)		
•	•	NET office by the deadline date you	ı select.	- NOVEIII	10c1 30, 2010 (IIIIII)		
Title of Certificate/Diploma	a currently i	n progress					
Course Name & Code No.	or						
Exam Name	. 01						
Certification Provider							
Start and End Date (d/m/y	′)						
	es not indicate e, please forw ill and Accoun I Account Sun	e your name, date , course name/c ard additional official documentation t Summary by Term	n: \$ If you pai	d in US funds, ple d statement)	ease provide proof of CAD conversion (e.g. your		
You	r employm	ent sector		How did you f	irst hear about ARNET?		
□ Hospital		onal Institution	☐the ARNE		□ CARNA		
□ Public Health	· · · · · · · · · · · · · · · · · · ·		alth □a colleague		☐ your educational provider		
☐ Community Health			□ AB RN ma	agazine	☐ you are a prior ARNET recipient		
□ Long Term Care □ Other – please specify:		please specify:	☐ notice boa	ırd at work	☐ Other – please specify:		
educational activity is consid	ED alternate f ered a violati				sclose alternate funding received for this nary actions.		
Amount: \$		Provider					
☐ I understand that ARNET will that it is my responsibility to ens			on for the purpos	ses of determining	g my funding eligibility and contact information and		
☐ This charitable support will a	idvance my ni	ursing practice and the quality of car	e and services I	provide to Alberta	ins.		
	ipting, researd				ords for the purpose of distributing educational dential, stored in a secure location and		
		n this application is true and com isclosure of Information & Certifi		express consen	nt to ARNET to contact me electronically		
Date		*Signature (regu	uired)				

ELECTRONIC FUNDS TRANSFER (EFT) FORM

ARNET EDUCATIONAL FUNDING REIMBURSEMENTS ARE MADE VIA DIRECT DEPOSIT ONLY

The completed EFT Form is a required component of each application.

Payment by direct deposit helps us distribute educational funding supports to you faster; with less impact on the environment and eliminates the concern of cheque or mail fraud. Your banking information will be held in confidence and used only for the purpose of direct deposit of the approved funding.

3 Simple Steps:

- 1. Complete and SIGN this form ;
- 2. ATTACH a void cheque. If you do not have printed cheques, your bank can provide a void copy.
- 3. SEND this signed form with your **completed application**, **void cheque** and **receipts** to ARNET by mail *or* to our confidential FAX 780.481.3785

If your banking information changes after you submit this form, contact ARNET asap.

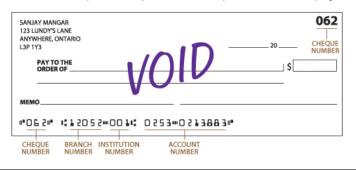
1. Complete & SIGN:

TT COMPLETE G. C.C.				
CARNA Registration #:	First Name:	Last Name:		
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My Email address for remitta	ango advico			
INITION AUGUS TO TEITHU	arice advice			
Social Insurance No:				
	T 4 A =ill l== :=== 4.	11 : : : : - : : : : : : : : :	ADNITT advertised asserts of \$500.00 and asserts the asserts already asserts.	
	14As will be issued to	ali iliulviduais who receive	ARNET educational supports of \$500.00 and over in the current calendar year.	

I authorize the Alberta Registered Nurses Educational Trust (ARNET) to deposit educational funding payments into my account with the financial institution indicated above and I understand that notification of any EFT payments will be delivered to the email address provided.

Signature Required Date

2. ATTACH void cheque or completed direct deposit form to this page:



3. SEND completed application with EFT form and receipt(s) to:

ARNET

Alberta Registered Nurses Educational Trust via Confidential Fax at 780-481-3785 or by mail to

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