



Alberta Registered Nurses
Educational Trust

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| For office use only: | CE | SP-RC | SP | GS |
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2020 ARNET Charitable Grants Application Form

Application deadline is **March 31, 2020**. *Please note: Funding is not guaranteed.*

Who is Eligible?

Current CARNA Registered Nurse or Nurse Practitioner Members.

When can I apply?

Within **ONE YEAR** following **completion** of the educational activity.

How often can I apply?

Only **ONE** application *per* application deadline is eligible.

When will I be notified?

Successful applicants will be notified via email approximately 6 weeks after the application deadline.

What documentation must be included?

Personalized proof of completion such as:

- **Certificate of attendance;**
 - **Provider Cards; or**
 - **Non-official transcripts**
- AND**
- **Completed and signed EFT Form and attached Void Cheque**

INCOMPLETE or LATE applications will NOT be processed.

| | | | |
|--|--|---|--|
| CARNA Registration Number | | | |
| Credential: | | <input type="checkbox"/> RN or <input type="checkbox"/> NP | |
| First Name | | | |
| Last Name | | | |
| Personal Email Address (for remittance information) | | | |
| Educational Activity Name <i>(ONE educational activity/course/exam)</i> | | | |
| Educational Provider or Host Organization | | | |
| Start Date (d/m/y) | | End date (d/m/y) | |
| How did this educational activity impact your practice as a nurse? (maximum 100 words). | | | |
| | | | |

ARNET Disclosure of Information & Certification

Have you **RECEIVED** alternate funding for **the specific course listed above**? Failure to fully disclose other funding received is considered a violation of the Nursing Practice Standards and could result in disciplinary actions.

- No Yes [Fill in the Amount and Provider]

Amount: \$ _____ Provider of Funding: _____

I understand that ARNET will be accessing my CARNA membership information for the purposes of determining my funding eligibility and contact information and that it is my responsibility to ensure this information is current and complete. ARNET does not share personal information with any organization other than as required by law. We maintain records for the purpose of distributing educational funding, tax and charitable receipting, research and campaign information. All information is kept private and confidential, stored in a secure location and accessible only by authorized individuals.

I understand that full or partial funding is not guaranteed and that incomplete or late applications will not be processed.

My Charitable Grant submission is complete including:

- Completed and signed Charitable Grants application form
 - Personalized certificate of completion
 - Completed and signed EFT Form and attached Void Cheque
- I CERTIFY the information submitted on this application is true and complete. I give my express consent to ARNET to contact me electronically and I have read and agree to the ARNET Disclosure of Information & Certification.

Date: _____ *Signature (required): _____

For security reasons, emailed applications will not be accepted.

SEND completed Charitable Grants submission to:
Alberta Registered Nurses Educational Trust (ARNET)
via [Confidential Fax at 780-481-3785](tel:780-481-3785)
or by mail to 11120 – 178 Street, Edmonton, AB T5S 1P2
Phone: [780-453-0523 ext. 427](tel:780-453-0523) or [1-844-453-0523 ext. 427](tel:1-844-453-0523)

ELECTRONIC FUNDS TRANSFER (EFT) FORM

ARNET CHARITABLE GRANTS ARE PAID VIA DIRECT DEPOSIT ONLY

Your banking information will be kept confidential and used only for the purpose of direct deposit of the approved funding. **If your banking information changes after you submit this form, contact ARNET ASAP.** *Your account **must** be a valid Canadian chequing or savings account.*

If your application is unsuccessful, this document and your void cheque will be confidentially shredded.

1. Complete & SIGN:

| | | |
|---|-------------|------------|
| CARNA Registration #: | First Name: | Last Name: |
| Personal email address (for remittance information) | | |
| Social Insurance No: | | |
| T4As will be issued to all individuals who receive ARNET Charitable Grants of \$500.00 and over in the current calendar year. | | |

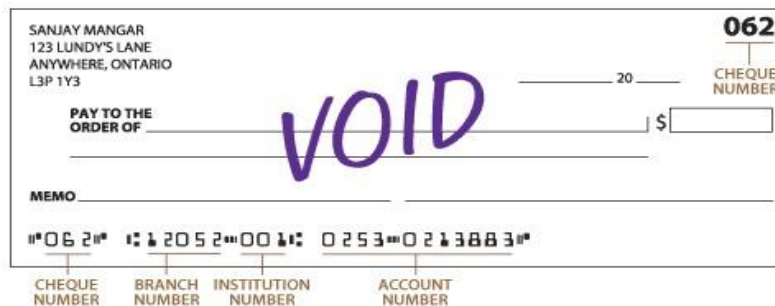
I authorize the Alberta Registered Nurses Educational Trust (ARNET) to deposit Charitable Grant payments into my account with the financial institution indicated above and I understand that notification of any EFT payments will be delivered to the email address provided.

Signature Required

Date

2. ATTACH void cheque or completed direct deposit form here:

If you do not have printed cheques, your bank can provide a void copy or a direct deposit form.



3. SEND completed Charitable Grants submission with EFT form to:

ARNET
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 via **Confidential Fax at 780-481-3785** or
 by mail to
11120 – 178 Street, Edmonton, AB T5S 1P2
 Phone: **780-453-0523 ext. 427** or **1-844-453-0523 ext. 427**

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