



Carolyn Frances Mack Nursing Education Fund

Application for Funds

The Carolyn Frances Mack Nursing Fund was established by Carolyn's family and was inspired by Carolyn's passion for nursing and her belief that continuing education was essential to being able to provide the best possible patient care.

Carolyn was a nurse at Saugeen Memorial, this grants program in her name supports the continuing education of nurses working at the Brightshores Southampton Hospital site in order to improve their nursing knowledge and skills.

Nurses undertaking professional development course(s) and/or program(s), may be eligible for reimbursement of up to \$1,000 per calendar year. The professional development course(s) or program(s) must enhance the quality of care and services provided to patients at Saugeen Memorial Hospital. This fund also covers upgrading courses from RPN to RN and courses towards a nursing degree etc. Courses must have been completed within 18 months of the application date.

Please note, annual recertification and mandatory courses are not covered under this fund.

Date of Application: _____ Home Phone #: _____

Name of Applicant: _____ e-Mail: _____

Course Information:

Name of Course: _____

Location of Course: _____ Tuition Cost: _____

Travel Costs: _____ Accommodation Costs: _____

Total Amount Requested: _____

- Please attach copies of course information and receipt of payment for tuition, copies of travel receipts and accommodation receipts if applicable. Also, please include transcripts or other proof of successful completion of the course (s).



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Applicant Attestation:

I, _____, confirm that I have not received funding for this course in any other way.
(name of applicant)

(Signature of applicant)

Checklist for Applicant:

- | | |
|---|--|
| <input type="checkbox"/> Funding occurs upon completion of the course. | <input type="checkbox"/> Course information is complete. |
| <input type="checkbox"/> You presently work at Brightshores Southampton Site | <input type="checkbox"/> Course will contribute to your skills |
| <input type="checkbox"/> You have attached supporting documents as noted above. | <input type="checkbox"/> Your manager has signed the request. |
| <input type="checkbox"/> You have signed the attestation above and the application below. | |

Signature: _____
Applicant

Date: _____

Acknowledged: _____
Hospital Manager

Date: _____

Approved: _____
Hospital Foundation Chair

Date: _____

Please return this form and any supporting documentation to the Foundation Office