

Application Form: Jean Stone Scholarship 2019

1. Your personal details

a) Name:

b) Address:

c) Postal code:

d) Telephone number:

e) Email address:

2. Palliative care organization for which you volunteer

a) Name of organization:

b) Address:

c) Postal code:

d) Telephone number:

e) How many hours per week do you volunteer for this organization?

f) How long have you been a volunteer for this organization? ___years/ ___months

g) Name of volunteer coordinator/supervisor:

h) Email address of volunteer coordinator/supervisor:

3. Course/conference you wish to apply for

a) Title of course/conference:

b) Location:

c) Date: (NOTE: courses/conferences before 1st June 2018 are NOT eligible)

d) Cost of course/conference: \$_____

e) In no more than 500 words, explain:

- What you expect to learn from the course/conference
- How this will impact the care/support you provide

4. Funding

a) Have you applied for the Stone Scholarship before? Y/N
If yes, when? Date: _____

b) Are you applying for other sources of funding to cover this course/conference? Y/N
If yes, please give details below.

c) Organization you are applying to:

d) Amount you are applying for: \$ _____

5. Checklist

Are you a member a current member of AHPCA?

Have you included a letter of support from your volunteer coordinator or supervisor?

Have you included an electronic copy of the course/conference registration document or invoice for which you are applying for this scholarship?

PLEASE NOTE

The closing date for applications is **5pm March 31st 2019**. Applications can be emailed to: director@ahpca.ca or posted to AHPCA, 1245 70 Ave SE, Calgary AB, T2H 2X8. Mailed applications and emails that are dated after the deadline will not be accepted.