

**Professional Practice Group (PPG)  
Special Grant Request Form**

Name of PPG \_\_\_\_\_

Name of President, Secretary, Treasurer or designate applying for grant \_\_\_\_\_

Address \_\_\_\_\_

Preferred phone \_\_\_\_\_ Email address \_\_\_\_\_

Reason for requesting special grant (if applicable, please state conference location or purpose for funds, and number of RNs or nursing students participating)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Budget (if applicable, please provide a brief outline of the budget)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you receiving other financial assistance? Yes \_\_\_\_\_ Amount \$ \_\_\_\_\_ No \_\_\_\_\_

Amount of grant requested: \$ \_\_\_\_\_

**(Amount of funding will be determined according to the group's budgetary need and the number of RNs and nursing students projected to participate in the event.)**

I agree to acknowledge the financial support from the CRNS on the event brochure or verbally during the event. Yes \_\_\_\_\_ No \_\_\_\_\_

I agree to return the grant amount to the CRNS if the event is cancelled.

Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please complete this form and email it to [links@crns.ca](mailto:links@crns.ca).