



The Association of Nova Scotia PeriAnesthesia Nurses

ANSPAN Bursary for Educational Funding

Application Form

Purpose: This form will be used for all requests for individual education funding to assist PeriAnesthesia nurses in obtaining continuing education. Travel and accomodation expenses are NOT eligible. Funds requested will help to offset costs of registration fees that are not covered via other sources of financial aid secured by the member submitting this request. Educational opportunities must fall within 12 months of the application deadline.

Eligibility: All PeriAnesthesia nurses who are current members of Anspan.

Deadline: October 31 of each year (extended to November 30th for 2023)

Process:

- Completed applications are submitted to the ANSPAN Executive at anspan2001@gmail.com
- The executive will meet to review the applications to determine appropriateness of the educational opportunity related to PeriAnesthesia nursing. The amount and number of bursaries will be determined on an annual basis at the Annual General Meeting in May of each year.
- Amounts available will be reassessed on an annual basis.
- ANSPAN Executive will inform the member of successful or unsuccessful application for funding once determined. Recipients will be informed in November of each year.
- Funds will be distributed to the member requesting the funding upon successful completion of the course attended/taken. Proof of attendance/successful completion will be required to be submitted to the ANSPAN Executive at anspan2001@gmail.com

Member Details			
Name			
Home Address			
Home Phone		Cell Phone	
Email			
Anspan Member			
Place of Employment			
Area of Work			

Educational Opportunity	
Name of Educational Opportunity	
Date of Educational Opportunity	
Brief Description of the Opportunity	
How will this educational opportunity enhance your PeriAnesthesia nursing career?	

Funding requested

Registration Fee / Course Cost	CAN \$		
Associated Materials (if required)	CAN \$		
Amount of Secured Funding	CAN \$		
Total Funding Requested (minus secured funding)	CAN \$		

Previous Funding Requested/Secured

Have funds for this educational opportunity been requested from other sources? Yes No

If yes, please specify from WHERE, WHOM, and the AMOUNT.

Where:	Whom:	Amount:
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Have there funds been secured? Yes No

Have you received any funding for education endeavours from ANSPAN within the last 5 years? Yes No

If yes, please specify the AMOUNT and YEAR that you last received funding.

Amount:	Year:
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For Completion by ANSPAN Executive	
Is this educational opportunity relevant to PeriAnesthesia Nursing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is ANSPAN able to provide financial support to this member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total funds to be allocated to member for this educational opportunity:	CAN \$
Has member been made aware of successful or unsuccessful application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has member provided proof of attendance or successful completion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Cheque mailed to member:	

ANSPAN President or Executive Delegate:	
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Date (mm/dd/yyyy):	
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