

P.E.I. Gerontological Nurses Association (PEIGNA)

2021 PEIGNA Educational Award Application Form

Submit to vabdelaziz@upei.ca

1. Personal Information

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Describe your association with PEIGNA, including your length of time as a member: _____

2. Educational Session

Date of session/course: _____

Purpose of nature of session or course: _____

How will this session/course contribute to your professional development? (i.e., how will it contribute to your specific work with older adults?) _____

Give details of any other financial assistance available to you:

Please itemize expenses for which no other reimbursement is expected (as applicable):

- a. Tuition/registration fees \$ _____
- b. Transportation \$ _____
- c. Accommodation \$ _____
- d. Meals \$ _____
- e. Other \$ _____
- f. Total \$ _____

Signature of Applicant

Date

PEIGNA Use Only:

Applicant has included the following :

- I. Fully completed*** application form _____
- II. Evidence from an academic institution of student status (if applicable)*** _____
- III. Outline of curriculum or content of planned education endeavor*** _____

Comments of Award Committee: _____

Signature of Award Committee Chair

Date