



A Joint Venture of London Health Sciences Centre and St. Joseph's Health Care London

AWARDS APPLICATION FORM

FOR COMMITTEE USE ONLY	
Application number	_____
Date Received	_____
<input type="checkbox"/>	Application complete
<input type="checkbox"/>	Meets all criteria
<input type="checkbox"/>	Amount awarded _____

Complete this form and forward to the Administrative Director, London Laboratory Services Group, South Street Hospital, Nurses' Residence, D323 by April 1st.

Name: _____ Job Title: _____
 Department: _____ Telephone Number – Work: _____
 Home: _____

I have completed one year of employment affiliated with LLSG Yes No

Other financial support for this program or learning opportunity (e.g. departmental budget)

Source: _____ Amount: _____

If you are attending an accredited university or college program, fill out Section A.

If you are participating in any other learning initiative, fill out Section B.

"SECTION C AND D MUST BE COMPLETED ON ALL APPLICATIONS."

Section A – Accredited University Or College Program

I will be enrolled in: University College

Name of Institution: _____

Location of Institution: _____

Full time Part time Graduate Program Undergraduate Program

The degree/diploma/certificate I am working towards is _____

During the coming academic year, I will be enrolled in the following:

COURSE TITLE	FEE	START DATE	EXPECTED COMPLETION DATE
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Other Related Costs: _____

Section B – *Other Learning Initiatives*

Course Title: _____

Start Date: _____

Length of Program: _____

Institution or Provider of Learning Opportunity: _____

Location of Learning Opportunity: _____

Registration Fee: _____

Other Related Costs: _____

Section C – *Must Be Completed In Detail*

Describe how this educational initiative is part of your ongoing professional development plan:

Describe how this educational opportunity will enable you to improve at your work and/or profession:

Describe how this personal development initiative is compatible with the Mission of LHSC and will have a positive impact on the organization:

Section D – *Application Approval*

Please include one letter of support, preferably from an immediate leader.

Application to be approved by Coordinator/Manager.

**Signature of
Coordinator/Manager:** _____ **Date:** _____

Signature of Applicant: _____ **Date:** _____