



**Health Care Foundation
CNA Grant Application**
CNA Certification and Recertification

***All fields must be completed in order for the application to be reviewed.**

Name: _____

Department/Program: _____ Program & Site: _____

Telephone Number: _____ Employment Statuses: Permanent Temporary

Years of Service: _____ Full Time Part Time

Casual

Home Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____

Home Telephone: _____

E-mail Address: _____

Please indicate if you are applying for: Initial certification by exam Recertification by exam
 Recertification by Continuous Learning

I, _____, authorize the Health Care Foundation to release my name to the Canadian Nurses Association.

Educational History

	Name of Institution	Attendance Period	Graduation Date	Major	Degree / Diploma Received
College					
University					
Nursing School					
Other					

Employment History with Eastern Health *attach additional pages if required.

Employment Period	Department / Program	Position	Manager
to:			
to:			
to:			
to:			
to:			



Manager's name: _____

Manager's email address: _____

Manager's internal address: _____

Please return this completed form by March 19th, 2021 with the following information:

- A letter to the Grant Selection Committee
- Approval will be granted by March 31st, 2021
- Funds will be dispersed upon submission of CNA acceptance letter and proof of payment

Please email your application to: hcf@healthcarefoundation.ca