Health Care Foundation
CNA Grant Application
CNA Certification and Recertification

Important: *All fields must be completed for the application to be reviewed.*

Applicant Information

Name:_____

Department/Program: _____ **Site**: _____

Position: _____

Telephone Number: _____ **Employment Status**: ☐ Permanent ☐ Temporary

Years of Service: _____ ☐ Full Time ☐ Part Time

☐ Casual

Home Mailing Address: _____

City: _____ **Province**: _____

Postal Code: _____

Home Telephone: _____

E-mail Address: _____

Certification Information

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

Please enter the name of the certification or recertification you are applying for with this grant:

_____

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 NL Health Services

Attach additional pages if required.

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

Manager Name: _____

Manager Email: _____

Manager's Internal Address: _____

Deadline: Applications, along with the required letter, must be submitted by **March 10**, **2025**. Late or incomplete applications will not be considered.

Submit via email to: hcf@healthcarefoundation.ca

Important Notes

- Successful applicants will be notified via email by March 31, 2025.

- Funds will be disbursed upon submission of the CNA acceptance letter, proof of successful completion, and confirmation of payment.