

Hilda Fleming Fund - Continuing Education Award

Application Deadlines: *March 31st, July 31st*

Contact Information:

Name: _____ MAMLS / CSMLS registration number: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

_____ E-mail: _____

Employer: _____

Information regarding request:

Will you be receiving funds from other sources in addition to the Hilda Fleming Fund? Yes () No ()

Please provide a brief description, a rationale, and the relevance of your request and the relevance to the medical laboratory profession. Attach a copy of supporting documentation.

Date(s) of Event _____ Location _____

Please provide any information in the space below that may aid in the committees decision such as previous courses or programs that display your commitment to continuing education, volunteer activities with provincial or national professional organizations, community involvement or participation with any workplace committees.

Estimated Funding Required (Canadian Funds):

*Registration Fee: \$ _____

*Tuition Fee: \$ _____

*Other (state): _____ \$ _____ **Total \$** _____

Signature _____ **Date:** _____

Selection Committee Approval (please do not mark in this space)

Request approved: _____ Request not approved: _____ Amount approved (not to exceed \$750) _____

Signature: _____ Date: _____