

MANITOBA OPERATING ROOM NURSES ASSOCIATION EDUCATIONAL FUNDING APPLICATION FORM



All funding is based on membership activity that occurred in the previous Membership Year which extends from January 1–December 31.

___ Yes ___ No Have you previously applied for educational funding from MORNA?

Date of previous application _____

In order to receive the minimum funding of \$300.

___ Yes ___ No Are you a current ORNAC/MORNA member?

___ Yes ___ No Have you been an active ORNAC/MORNA membership for one (1) membership year prior to the application?

___ Yes ___ No Have you attended at least three (3) MORNA meetings in the membership year prior to the application?

In order to receive the maximum funding of \$500 (\$600 for MORNA Board members), you will receive \$50 per point.

Please check all that apply:

(1) ___ Attended one (1) MORNA meeting
(above the three (3) necessary to meet the minimum funding criteria)

(3) ___ Attended the MORNA Spring Workshop

(1) ___ Published a supplementary article for the MORNA Gauzette
(above the one (1) necessary to meet the minimum funding criteria)

- must be minimum 500 words
- article must be relevant to perioperative nursing

(2) ___ Published an article in the ORNAC Journal

(2) ___ Given a presentation of at least one (1) hour at a MORNA/ORNAC educational session

Presentation title _____

Educational Session title _____

Location _____ Date _____

(1-2) ___ Attended a multi-day educational session

Please indicate total points. _____

One (1) point will be given to every eight (8) hour day attended up to a maximum of 2 points.

Educational Session title _____

Location _____ Date(s) _____

- (2) _____ Current MORNA Executive Board member
- (2) _____ Member of an Adhoc Committee/Working Group within MORNA
i.e. Website Redesign Committee, Constitution and Bylaws Committee
- (2) _____ Member of a Pillar Committee or Working Group within ORNAC
i.e. Standards Committee, National Conference Planning Committee, etc.
- (1) _____ Past MORNA Executive Board member

First Name _____ Last Name _____

Address _____

City _____ Postal Code _____

Phone _____ ORNAC No _____

Educational session for which you are requesting funding:

Name of Session _____

Location _____ Date(s) _____

For rural MORNA members travelling to the Spring Workshop or the AGM, please indicate:

City where you live: _____

MORNA Members that travelled with you:

_____	_____
_____	_____
_____	_____

Please return this form to:

MORNA Treasurer
c/o Carmen Saban,
P.O. Box 1363,
Souris, MB., R0K 2C0

For MORNA use:

Date Received _____ Reimbursement Sent _____

____ Yes ____ No Minimum Criteria Met? Recipient notified _____

Total Number Bonus Points _____

Total Amount Awarded \$ _____