

DELHA CORT EDUCATION TRUST FUND

Application for Funds

Name of Applicant: _____

Address: _____

Phone number: _____ Email address: _____

Position Held: _____

Amount of funding requested \$ _____

When is funding required _____

Please provide proof of enrolment or proof of expenditures asking to be covered.

(Please attach)

Purpose of Funding Requested:

Tuition: \$ _____

Books / software: \$ _____

Other (explain): \$ _____

Background of Applicant in relation to the Application:

- What community are you residing in? _____
- What department are you employed in? _____
- What school/program/training are you attending or planning to attend?

- Where is the school/program/training located?

- Please provide any other background information relevant to the application:

Have you received funding from any other sources to assist you? Yes No

- If yes, from where?

Provide contact information for your direct Supervisor who is in support of your application:

Name: _____ Position: _____

Telephone: _____ Email: _____

Please describe in 500 words or less, why you should be granted funds from the Delha Cort Trust Fund and if you are granted funds, how will they be used by you?

The Dauphin Hospital Foundation

Supporting and enhancing services and programs for residents, patients, clients and staff of the Dauphin Regional Health Centre