



# HEALTH SCIENCE PROFESSIONALS

## HSP Professional Development Fund Application Form

For HSA members covered by the  
HSPBA Collective Agreement

### Applicant Details

Name \_\_\_\_\_

Worksite \_\_\_\_\_

Department \_\_\_\_\_

Job Title / Discipline \_\_\_\_\_

Regular Employee: Y  / N

Casual Employee: Y  / N

Full-time: Y  / N

Part-time: Y  / N

### Contact information

Street \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Work Tel \_\_\_\_\_ Home Tel \_\_\_\_\_ Cell \_\_\_\_\_

Personal e-mail \_\_\_\_\_

### Program

Course/Program/Conference \_\_\_\_\_

Educational Institute/Sponsoring Organization \_\_\_\_\_

Course Start Date \_\_\_\_\_

Course Completion Date \_\_\_\_\_

(Please attach or include a link to a course/program outline describing course, times, credits etc.)

### Costs

*Please review Funding  
Guidelines for eligibility  
of expenses*

*Must be listed as  
Canadian Funds.*

Tuition/Course Fees

Books

Travel

Accommodation

Meals

Other

Total Amount (*not to exceed \$1,000*)

Describe why you are applying for funding. How will this education contribute to your professional practice and career advancement? (200 words or less)

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### **Who referred you to this fund?**

- HSA
- Employer
- Self
- Other \_\_\_\_\_

If you received or anticipate receiving any funding from any other source, provide details:

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Have you previously received education funding from HSA?   Y  / N

If yes, please describe:

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### **Signature**

I confirm that all of the information provided is correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### **How to Apply**

Please send your completed application by e-mail to [hsppdfund@hsabc.org](mailto:hsppdfund@hsabc.org).

Applications will be reviewed on a rolling basis until funding is exhausted.