

# MADDEN MEMORIAL EDUCATION FUND APPLICATION



Revised: June 2019

## Background:

The Madden Memorial Education Fund was established in 1984 following the death of Joe Madden, who was HSA's Assistant Executive Director from 1974 to 1984. Through the Madden Memorial Education Fund, HSA provides financial assistance to members attending external **labour education programs**. Financial reimbursement is limited to the amount of Madden Memorial Funds available.

**The Fund does not cover professional development courses.**

## Instructions:

1. Complete "PART 1: APPLICATION". Attach course brochure and send to the HSA Education Officer at [education@hsabc.org](mailto:education@hsabc.org).
2. The Fund will cover registration, transportation, accommodation, meals, dependent care and one day's wage loss, to a maximum of \$800. HSA will return your application with "PART 2: APPROVAL" completed. HSA approval must be received to ensure reimbursement of eligible expenses.
3. Payment will be made upon receipt of completed "PART 3: COURSE COMPLETION" of the application form.

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## PART 1: APPLICATION

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

Home Address: \_\_\_\_\_

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

Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Chapter/Worksite: \_\_\_\_\_ Home Email: \_\_\_\_\_

Current HSA positions held:  Member  Steward  MAL  Other: \_\_\_\_\_

Course/Description: *(please attach course brochure)*: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Course Location: \_\_\_\_\_ Date: \_\_\_\_\_

Organized By: \_\_\_\_\_

How will this course be beneficial to you as a union member?

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**Estimated Costs**

**Costs**

Course Registration Fee: \_\_\_\_\_

Accommodation: \_\_\_\_\_ (max \$100 per night)

**Travel**

Automobile \_\_\_\_\_ /km @\$\_\_\_\_\_ = \_\_\_\_\_

Airfare \_\_\_\_\_ Bus \_\_\_\_\_

Ferry \_\_\_\_\_ Parking \_\_\_\_\_

**Meals**

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL
Date(s)								
per diems: \$20 Breakfast								
\$25 Lunch								
\$30 Dinner								

**TOTAL:** \_\_\_\_\_

**Wages**

Will this course fall on your regular work day(s)?  Yes  No

Are you applying for wage replacement?  Yes  No

Hourly wage rate \_\_\_\_\_ Hours of work paid / day \_\_\_\_\_

Have you applied elsewhere for funding?:  Yes  No

Describe: \_\_\_\_\_

Please describe how the course relates to the union or will assist you as a union member. (Professional courses or conferences will not be funded.)

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Have you received Madden Memorial Funding previously?  Yes  No If yes, when: \_\_\_\_\_

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*I hereby certify that the above information is correct.*

## **PART 2: APPROVAL (OFFICE USE ONLY)**

Application Approved:  Yes  No

Member to be reimbursed at completion of course (for receipted expenses): \$ \_\_\_\_\_

Wage Replacement  Yes  No

## **PART 3: COURSE COMPLETION**

*If Wage Replacement is approved, ask your employer to bill HSA for the cost of your wages for one day. Complete an HSA Record of Union Leave and return to HSA when you complete PART 3.*

Following HSA approval, PART 3 *must* be completed to receive funds. Please use an HSA Expense Claim Form, and include receipts for registration, transportation (e.g., ferry, airfare), and accommodation. If dependent care is required, please complete an HSA Dependent Care Claim Form, available from [www.hsabc.org](http://www.hsabc.org), 'Steward Resources'. Receipts for meals are not required.

How will you use the knowledge and/or skills gained from the course? \_\_\_\_\_

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I verify that I completed this course/program as per course specifications.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to the Health Sciences Association of BC:  
180 East Columbia Street, New Westminster, BC V3L 0G7  
Fax: 604-515-8889 or 1-800-633-6119**

The HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form, you are consenting to have the HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information, please contact the HSA Privacy Officer. The full HSA privacy policy is available online at <http://www.hsabc.org>.