

Funding

Funding will be considered for tuition, books and required course fees. If more room is required, please attach a separate sheet. Note: Receipts will be required upon acceptance.

Requested Expense	Amount of Funding Requested (taxes included)	For office use only
Tuition (one year)		
Books (one year)		
Course Fees		
TOTAL:		

Other Funding

NOTE: This section **must** be completed for your application to be considered. List other sources and amounts of funding applied for:

Applied to Employer for funding? _____ Funding received? _____ If yes, indicate amount: _____
If denied funding, indicate why: _____

Applied for Government funding? _____ Funding received? _____ If yes, indicate amount: _____
If denied funding, indicate why: _____

Applied to another Union for funding? _____ Funding received? _____ If yes, indicate amount: _____
If denied funding, indicate why: _____

Applied to Other Sources for funding? _____ Funding received? _____ If yes, indicate amount: _____
If denied funding, indicate why: _____
Indicate the Other Sources: _____

Please print your application form and either mail or fax to
UPN Education Committee
 Union of Psychiatric Nurses
 200 – 508 Clarke Rd.
 Coquitlam, B.C. V3J 3X2



Fax: 604-931-1070