



Application for Funds

Hospice Society of Victoria County will provide funding for individuals and groups seeking to participate or provide professional and personal development that supports, promotes and improves care as it relates to the mandate of the Hospice Society through direct contact with patients, families and the community.

Funding allotment per year will vary as the budget allows, so you are encouraged to apply early. Interested applicants are asked to complete the forms on the following pages and submit the application, in writing at least 30 days in advance to:

Hospice Society of Victoria County
P.O.Box 279
Baddeck NS
B0E 1B0

Or: hospicevc@gmail.com

Upon review of your request, you will be contacted by a Board member. If your application was approved, you will be provided with an approval letter by mail. After completion of the activity, please submit your receipts along with the approval letter to the Hospice Society within 30 days of completing the activity and you will be reimbursed with the approved amount by cheque.



Professional Development Fund Application

Name: _____ **Application Date:** _____

Mailing Address: _____

Phone: _____ **Email:** _____

Current involvement with Hospice Society of Victoria County

- Board Member
- Service provider (please indicate employer & position)
 - Employer: _____
 - Position: _____
- Volunteer (please indicate where & in what capacity)
 - _____
 - _____
- Other (please specify) _____

Date(s) of requested funding: _____ **Location:** _____

Please give a brief description of the topics to be addressed in the funded activity. Please attach an agenda or an outline of events if the presenter(s) have provided one.

Are you receiving or requesting funding for this event/activity from another source:

- Yes
If yes, please indicate amount _____
- No

Please include a breakdown of costs as it relates to this request.

Category	Total
Registration Fee	\$
Accommodations (if applicable) Cost per night _____ # of nights _____ Location _____	\$
Meals (if applicable) Breakfasts # of breakfasts ____ x \$8 = \$ _____ Lunches # of lunches ____ x \$12 = \$ _____ Dinners # of dinners ____ x \$18 = \$ _____	\$
Travel Round trip km _____ x \$0.30	\$
Other (please indicate specific details)	\$
Total Funds Requested	\$

Please indicate how you currently provide service or support to those in the community as it relates to the Hospice Society.

How will our support of this request better improve the quality of services and supports to those in our community as it relates to Hospice?

If granted this funding, how will you share the knowledge you gain with the Society and with those for whom you provide service or support?

Additional Comments:

Please have a supervisor, manager or reference person sign this form in support of your application.

Name: _____ Phone: _____

Signature: _____ Date: _____

Please sign here to complete your application. We thank you for your interest and application.

Signature of Applicant: _____ Date: _____