

Canadian Healthcare Engineering Society ONTARIO CHAPTER

Société canadienne d'ingénierie des services de santé CHAPITRE D'ONTARIO

APPLICATION FOR EDUCATIONAL TUITION GRANT

The Ontario Chapter of CHES assists financially in education programs that will enhance the expertise of our members and their staff within hospital engineering departments. The intent is to consider, in advance, applications for course registration at community colleges, universities and other opportunities throughout the province. Anyone working in the healthcare engineering field may apply as long as the member is in good standing and approves the application.

NAME:		JOB TITLE	:			
HEALTH CARE FACILITY :	:					
ADDRESS:						
MEMBER NAME (IF DIFFERENT)		MEMBERSHIP NUMBER				
DETAILS OF EDUCA	ATIONAL PLANS					
EDUCATION INSTITUTE I	NAME					
COURSE TITLE						
DURATION		START				
CERTIFICATE COURSE		YES	NO			
COST OF TUITION	OF TUITION RELATED COSTS					
TOTAL COST	DATE REC	DATE REQUIRED				
i.e. REASONS FOR SELECTING	DITIONAL INFORMATION THAT W G THE COURSE, SHORT AND/OR L MPLETED APPLICATION TO:	LONG RANGE GOA	LS ETC.)	MITTEE IN MAKING A DECISION Education Committee (
	derek.lall@lhsc.on.ca					
pply and is subject to the ava	ation is subject to the sole discret ilability of funds. The maximum & ions needed to finish a complete n date.	grant total of up to	\$500 per year for	any one member or member-	-sponsored	
FOR EDUCATION COMM	IITTEE USE ONLY					
DATE RECEIVED	TE RECEIVED		DATE COMPLETED			
APPROVED YES:	NO:	TOTAL	AMOUNT OF GRAN	NT: \$		
EXPLANATION (if not approve	d)					
				Building Member Exp	bertise	