



APPLICATION FORM

Note: To be considered for a grant, all sections of the Application must be completed fully and submitted to the Wellspring Committee by **April 12, 2019**.
 Email application to submissions@cfpnet.ca

1. Applicant Information

Name: First: _____ Initial: _____ Last: _____

Mailing Address (complete with postal code) for all correspondence regarding this application:

Telephone Work: _____ Other: _____

Email Address: _____

2. Province of Licensure or Registration: _____

3. Intended Purpose for the funding (descriptive phrase only, details in Q.7):

4. Amount Requested: \$ _____

5. Justification of Funds Requested:

Please itemize allocation of the funds requested (such as materials, travel expenses, registrations, etc):

Expense Item	Purpose	Funds Required
		\$
		\$
		\$
		\$
	Total (should equal total funds requested)	\$

If funding is being obtained from multiple sources, please indicate where funding from the Wellspring Pharmacy Leadership Award will be utilized.

6. Application Focus

- a) Please provide a brief description to clearly demonstrate the relevance of this submission in meeting the objectives of the Wellspring Pharmacy Leadership Award.

- b) Describe your expectations of learning from the proposed initiative _____

- c) How will this initiative expand your contribution to the profession of Pharmacy _____

- d) How will the learning and experiences gained through this initiative be shared _____

7. Attachments

- Detailed description of the proposal (six double-spaced typed pages or less)
 - title page, including an executive summary (no longer than 1 page)
 - introduction which includes objective(s), rationale and anticipated significance of initiative
 - a proposed work plan which describes the activities and target completion date of the initiative
- Curriculum vitae of the applicant which includes the following:
 - education
 - professional experience (for the past five years)
 - professional affiliations
- Other pertinent information, such as video, photographs, information leaflets, etc
- Letter of recommendation from supervisor/colleague for both the applicant and the learning experience

8. Please list all other amounts and sources of support that you have received and/or are currently applying for to fund this initiative.

9. Date of submission of application: _____

10. Acknowledgement and Acceptance

It is understood and agreed by the undersigned that any award received as a result of this application is subject to the following terms:

- funds granted as a result of this request are to be expended for the initiative as described in this application
- the statements contained in this application are true and complete to the best of your knowledge
- applicants must advise of potential conflict of interest upon submission of the proposal.
- applications must be submitted in an electronic format to the Wellspring Pharmacy Leadership Award co-coordinator's office (*submissions@cfpnet.ca*) by **April 12, 2019**.

Signature of Applicant: _____