

**FINANCIAL ASSISTANCE FUND TO ATTEND A
BCAHA AREA CONFERENCE**

Purpose:

To provide financial assistance for the continuing education of member Auxiliaries for any of the following purposes:

1. Assistance for registration, hotel, and travel expenses to BCAHA Area Conference for any auxiliary raising less than \$30,000.00 per annum. The assistance will be up to a maximum of \$500.00 per person for a maximum of two delegates. This may be applied for only every two years.

Guidelines:

Applications for assistance from the Fund will be entertained on the basis of need and in consultation with BCAHA Finance Committee.

1. Assistance as per purpose (1) may include:
 - a. Conference Registration fee. Additional meals enroute or at the conference are the delegates' or Member Auxiliary's own responsibility
 - b. Travel expense at the rate established by BCAHA
 - c. Hotel accommodation
2. Expenses **MUST** be substantiated by receipts and submitted to BCAHA Director of Finance within 30 days of the conference, prior to receiving funds.
3. The BCAHA Finance Committee shall have the option to grant a portion of the amount requested based on the receipts received.



BC Association of Healthcare Auxiliaries

Helping Healthcare the Auxiliary Way

FINANCIAL ASSISTANCE FUND APPLICATION TO ATTEND A BCAHA AREA CONFERENCE

Name of Auxiliary _____

Address: _____

Telephone Number _____ E-Mail _____

Conference _____

Location. _____ Date _____

Name of Delegates _____

Have you applied to your Area Director for financial assistance? _____

Conference Expenses

Registration \$ _____ Accommodation \$ _____

Travel \$ _____ Total \$ _____

Amount Requested \$ _____

Please Note:

Annual financial statement must be included with any application.

Indicate how much your Auxiliary spent on education for your members during the Fiscal year.

Amount spent on education \$ _____

Forward application and relative documents to:
BCAHA, Director of Finance, 682 Montcalm Rd., Trail, B.C., V1R 2J8
4 weeks in advance of need for funding.

If approved, payment will be issued to originating Auxiliary (not an individual).

For BCAHA Use Only:

Date application received. _____

Date grant approved _____ Amount paid \$ _____



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