



Education Grant Application Form

AONA.AU
www.aona.au

AONA.AU MEMBERS

Surname: _____ First Name: _____

Address: _____

Suburb: _____ PostCode: _____

Mobile Number: _____ Years of Membership: _____

Work Place: _____ Position Title: _____

Length of time position held: _____

Funding Application Details

Conference Funds/Study Grant - circle appropriate grant (*see special notes*)

Justification for funding. Detail what you hope, to gain from this grant (*list gains*)

Special Conditions: *Limited funds will be granted & assessed per application by AONA Inc. By acceptance of this grant we are not accepting full payment for educational costs. The amount of funding will be at the discretion of the AONA Inc Committee. *Copies of all invoices/receipts relating to this funding is to be sent to AONA Inc Treasurer as soon as available. Failure to provide invoice/receipts & or Travel boarding passes may result in funding being withdrawn & a request for you to refund monies given. *Funding will be made by way of AONA Inc bank transfer.

Please forward application to admin@aona.au

I hereby submit my application for an educational grant from AONA.AU. and commit to report back on the benefits gained to myself, my workplace and AONA.AU

Signature: _____

Date: _____

Committee meeting reviewed and minuted

Date: _____

Approved/Declined

Signature President: _____