



**CAMRT FOUNDATION**  
**FONDATION DE L'ACTRM**

## **EDUCATION GRANT APPLICATION**

The CAMRT Foundation (CAMRTF) exists to support members and the advancement of the MRT professions. One way the Foundation supports members is through a financial grant for educational pursuits. The CAMRTF Education Grant provides funds to cover some of the costs for courses of study in areas related to medical radiation technology which keep members abreast of new and emerging technologies, support lifelong learning and promote excellence in patient care.

### **ELIGIBILITY REQUIREMENTS – Who is eligible?**

Individuals who hold a current CAMRT membership in the following categories Full Practice, Temporary Practice, Non-practicing, International are eligible to apply.

Learners completing first discipline MRT education are NOT eligible to apply.

CAMRTF board members are not eligible to apply for this grant.

Grants are not available for groups of members or organizations.

### **ELIGIBILITY REQUIREMENTS – What is eligible?**

- Types of education that are eligible include structured courses offered through an organization or educational institution (e.g. university, technical college, CAMRT).
- Eligible courses include those that have been paid for in the 12 months preceding the application deadline.
- Eligible expenses include course fees, textbooks, other required course fees (i.e. student union fees, lab fees etc.)
- Ineligible education includes courses used towards first MRT discipline education and conference attendance.
- Ineligible expenses include travel, insurance, lodging and living expenses.
- Eligibilities and ineligibilities described above may not be all inclusive. The Foundation's grant assessment committee will determine at their discretion if the course and its costs meet the intentions of the grant.

### **APPLICATION INSTRUCTIONS**

#### **Application deadline is April 1st**

The CAMRT Foundation Grant Application package will include:

1. Completed application form (below).
2. Current resume/curriculum vitae.
  - Include relevant work history, education, professional development, professional contributions (research, presentations, committees, volunteering), any other relevant volunteer experience.

### 3. Proof of enrollment and eligible expenses receipts.

#### **FUNDING CAPS**

There is a lifetime personal cap per individual of \$20,000 regardless of the number of endeavors.

#### **PROCESS**

- Completed application form must be sent as one PDF document to [office.camrtf@gmail.com](mailto:office.camrtf@gmail.com)
- The CAMRT Foundation Board will delegate the review of applications to a committee. The committee will provide the CAMRT Foundation Board with recommendations for consideration and approval.
- Funding amounts are determined with consideration given to; funds available, number of applications received, individual requested amounts, and **applicant engagement in volunteerism within the profession** (which will be based on content provided in resume/curriculum vitae).
- Notification of the decision will occur prior to the CAMRT Foundation Annual General Meeting where an announcement of the recipients will be made.
- The number of applications received and requests for funding significantly exceed the amount of funding available. Applicants may receive no funding even if minimum requirements are met.
- There is no Appeal Process. The decision of the CAMRT Foundation Board is final.



**CAMRT FOUNDATIO**  
FONDATION DE L'ACTRI

# CAMRT FOUNDATION GRANT APPLICATION

Name:	Address:
Email:	City:
Phone #:	Province:
	Postal Code:

Are you currently enrolled in a first discipline MRT program?

Yes

No

**If yes, you are not eligible for this grant.**

Have you received a CAMRT Foundation Grant previously?

Yes

No

If yes, please confirm year(s) and amount(s) received?

Are you an MRT holding a current CAMRT Membership in one of the following categories: Full Practice, Temporary Practice, Non-practicing, or International?

Yes

If "Yes", please provide your CAMRT Membership # in the box to the right. Then continue with the application form below.

CAMRT #:

No

If you answered "No", you are not eligible for this grant.

Please provide a brief summary of the course(s) related to this grant application and explain how this education will enhance your professional practice, support patient care or advance the profession.

--

**Course fees related to this grant request.**

**Description of expense:** Include all information to allow for cross-referencing to your supporting documents. This could include course name, course number, term of course, textbook title, fee type.

**Expense Amount:** Must be converted to Canadian Dollars at the rate at time of payment. If invoice is not in Canadian Dollars proof of cost in Canadian Dollars must be provided.

Supporting documentation must include detailed invoices and proof of payment for each item listed below.

Description of Expense	Date Paid	Expense Amount

**(A) Total expense cost: \$**

**Declaration of financial assistance received or anticipated**

Have you received or applied for funding from other sources for any of the expenses included above?

- Yes  
 No

If you answered "Yes" above, provide details including funding source (e.g. organization) and amounts below.

If you answered "No" above, please enter 0 (zero) in line B below.

Funding Source	Amount	
<b>(B) Total funding from outside sources:</b>		<b>\$</b>
<b>TOTAL AMOUNT OF GRANT REQUEST (A – B)</b>		<b>\$</b>
<i>Total expenses minus total funding from outside sources</i>		

I hereby declare that the information provided is accurate.

If this application is successful, I authorize the CAMRT Foundation to share my information with the CAMRT for the purpose of processing funds.

If this application is successful, I authorize the CAMRT Foundation to include my information in any public announcement pertaining to the awarding of this Grant.

Signature:	Date:
------------	-------

The CAMRT and CAMRTF rely heavily on volunteers. Many MRTs may be unaware of the opportunities to be involved at the provincial and national level. Getting involved with your professional organizations is a great way to share your MRT expertise and/or give back to the profession in unique ways.

If you would like to become involved by volunteering please indicate so below along with committee(s) of interest. The CAMRTF will pass on your name and email to the respective association.

I am interested in submitting my name and contact information for future volunteering opportunities.

Yes *(please indicate your committee preference(s) from the list below.)*

No, not at this time.

CAMRT Foundation Friends of the Foundation

Provincial Association committees. Please indicate which provincial association you belong to and indicate any committees which are of interest to you:

CAMRT committees. Please indicate committees which interest you:

Other. Please list here: