

Dr. Zach Thomas Education Award

Deadline for submissions is March 28th

Name of organization / individual:	
Contact Name:	Address:
Title:	
Tel:	
Fax:	
Email:	
If an individual application, do you hold a current membership in SHPCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If submitted by an organization/group, does your organization/group hold a current affiliate membership in SHPCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Request:	
Have you received funding from the Saskatchewan Palliative Care Association before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, when?	
Have you included two (2) letters of reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Contact Person	Mail to: Dr. Zach Thomas Award PO Box 37053 Regina, Saskatchewan S4S 7K3