

## **Michigan ENA Outreach and Miscellaneous Funds**

### **APPLICATION FOR FUNDS** (You may attach another page if needed)

#### 1. BIOGRAPHICAL DATA

A. Name:

B. Address:

C. Phone:

D. E-Mail:

E. ENA Membership Number:

#### 2. NAME OR TYPE OF ACTIVITY OR PROJECT:

A. Give a brief description of the activity or project:

B. Dates of activity or project:

C. Describe how your involvement in this activity or project is related to your professional career in emergency nursing:

#### 3. EXPENSES/RESOURCE/ FUNDS REQUESTED

A. Will your employer or other agency cover any expenses? YES NO If so, how much?

B. Other grants funding:

C. Amount of money requested from ENA:

#### 4. DESCRIBE HOW YOUR PARTICIPATION AND ENA FINANCIAL SUPPORT OF THIS ACTIVITY WILL BE OF BENEFIT TO OTHER MICHIGAN ENA MEMBERS:

Submit in writing to the MENA executive board c/o Pat Manion, 1010 S. East St. Fenton, MI 48430 or email document to [pmanion@chartermi.net](mailto:pmanion@chartermi.net). **Allow at least 60 days for processing your request.**