Committee Use Only Review Date:

Application #:

Date Received:



**Self/Care Fitness Initiative Application**

Are you planning an epic resolution for 2023? SNHON would like to support you with up to $100. Tell us your story (200-word limit) and your plan for the **New Year** whether it is a new fitness app, 5K, yoga class, boxing, Pilates, marathon registration, mindfulness meditation class, or just want to try that spin class for the first time. **Let us give you a jump-start.**

Complete all pages of this electronic application and submit it to snhonleadership@gmail.com. You must be a member of SNHON and ONS to receive funds. A copy of the program must be attached to the application. If you have any questions, contact us at snhonleadership@gmail.com.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name & Credentials** |  | | | |
| **ONS Membership Number** |  | **Expiration Date** | |  |
| **Telephone (H)** |  | **Telephone (W)** | |  |
| **Preferred Address:** | | | | |
| **Email Address:** | | | | |
| **The information on this application is correct and complete to the best of my knowledge.**  Signature & Date: | | | | |
| **Fitness offering:** | | | | |
| **Location:** | | | **Date of Offering:** | |
|  | | | | |
| **Fee:** | | |  | |
| **Anticipated expenses. Indicate totals and funding sources.**   |  |  |  |  | | --- | --- | --- | --- | | Total | | Self | SNHON Request | | Fee |  |  |  | | Total |  |  |  | | | | | |
| **\*Recipient will be reimbursed up to $100 once the wellness/fitness program is competed. Proof of participation must be submitted.**  **In 200 words or less describe why you are requesting SNHON funding to participate in this fitness offering. Specifically, state what you hope to gain from this opportunity and what impact it will have on your life. Please include your word count at the end of your statement in parenthesis – example (148).** | | | | |

**Southern New Hampshire Oncology Nurses**

**FITNESS AWARD AGREEMENT**

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| --- |
|  |



**THE FOLLOWING SECTION TO BE COMPLETED BY RECIPIENT AND**

**CHAIR *AFTER* FUNDING AWARDED**

|  |  |
| --- | --- |
| Proof of program attendance and a record of expenses submitted to treasurer. | |
| Treasurer’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Fulfillment of commitment completed within one year of award: | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Recipient’ s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Chair’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |