

THE OTTAWA HOSPITAL
ONA 83 ENDOWMENT FUND
(June 01, 2024, to May 31, 2025)

Name: _____

Address: _____

_____ Postal Code: _____

Phone: (H) _____ (W) _____ ext. _____

Email address _____ ONA ID # _____

Campus: _____ Unit: _____ Date of Hire: _____

Conference, Course or Workshop Information

Date: _____

Time: _____

Location: _____

Amount Paid: _____

*** Please photocopy registration and tuition receipts and attach to this application. Student fees are not considered part of tuition.

*** This must be received in the office by noon June 14/2025.

*** **PLEASE NOTE. All relevant information must be filled out and attached or this application will not be processed.**

*** Application to be sent to Ontario Nurses Association Local 83
36 Antares Drive Suite 1000
Ottawa, ONT. K2E 7W5
Attention: "ENDOWMENT FUND"

Do not deposit application in ONA Boxes. Faxes and scanned applications are not acceptable.