



DISTRIBUTION INSTRUCTIONS for

EDUCATION LEAVE ASSISTANCE SCHOLARSHIP GUIDELINES AND APPLICATIONS

The Foundation has re-designed the scholarship applications. We are now including with all applications a 2 page set of detailed guidelines. The application has been reduced to 3 pages that must be completed in full.

Attached to this page is a Photocopy Master for the Education Leave Assistance Scholarship Guidelines and Application. Guidelines and applications are to be photocopied to white letter size paper only.

- Current scholarship application instructions, guidelines and applications are dated October 5, 2007 (beside Logo). Any scholarship applications that are not dated October 5, 2007 will not be considered for funding.
- Education Leave Assistance Scholarship applications are to be used by applicants who have applied for and are granted by the employer an approved Education Leave of Absence while taking the program(s), course(s) or class(es).
- Both the applicant and the person distributing the applications should be very clear on which application is required by the applicant. Incomplete, incorrectly completed or outdated applications will not be considered for funding.
- Each applicant is to be given the following:
 - 2 pages: Application Guidelines – Education Leave Assistance – dated October 5, 2007.
 - 3 pages: Education Leave Assistance Application – dated October 5, 2007.
- Remind applicants to read the guidelines carefully before and while completing the scholarship application. Incomplete, incorrectly completed or outdated applications will not be considered for funding.
- Applicants must submit the application by 5:30 p.m. on the submission deadline dates and be enrolled and / or enrolling in program(s) / course(s) / class(es) that begin in the 6 month period following the submission deadlines dates as follows:
Submission Deadline Dates:
 - May 31 – for course(s) / class(es) that begin between July 1 – December 31.
 - November 30 – for course(s) / class(es) that begin between January 1 – June 30.

The Foundation does not provide scholarships retroactively or for any future period beyond the above noted timelines.

- Any questions regarding the Education Leave Assistance Scholarship instructions, guidelines or applications can be directed to the Dr. Noble Irwin Regional Healthcare Foundation Inc. office at:

Box 1706
Swift Current, SK
S9H 4G6

or 2051 Saskatchewan Drive
Swift Current, SK
S9H 0X6

Phone: (306) 778-3314
Fax: (306) 773-3869

Dr. Noble Irwin Regional Healthcare Foundation Inc.

SKILLS ENRICHMENT SCHOLARSHIP PROGRAM

October 5, 2007

APPLICATION GUIDELINES – EDUCATION LEAVE ASSISTANCE



GENERAL INFORMATION

- This scholarship program is administered by the Foundation and run by a volunteer committee working on behalf of the Foundations' Board of Directors, who has final approval of the committee's recommendations for scholarship awards.
- The intent of the scholarship program is to augment the human resource training and professional needs of front line health care workers in Southwest Saskatchewan.
- The scholarship program is to be used for upgrading and enhancing front line workers skills and knowledge. Funds are not provided for re-training of employees due to illness or injury of any capacity.
- Scholarship funds are not distributed for training or education which is or may be eligible for other sources of funding including funds through the budget of the employer. See further information in section F.
- Use and attach a separate piece of paper if you require additional space for any section.
- If any section on the application has more spaces than you require print "N/A" (not applicable) in that space or section. This will make it clear that you have not left an unnecessary blank or missed a section.
- Completed applications are to be submitted to:

Dr. Noble Irwin Regional Healthcare Foundation Inc.

Attn: SESP

Box 1706

Swift Current, SK

S9H 4G6

or

2051 Saskatchewan Drive

Swift Current, SK

S9H 0X6

ELIGIBILITY

To be eligible for funding, applicants must:

- be an active front line employee of the Cypress Health Region, or a Southwest Saskatchewan Volunteer First Responder, or an active front line employee of a Cypress Health Region Affiliate.
- be legally able to work in Canada and not restricted from attending an educational institution or participating in any form of educational studies within any and all legislation. ie: Immigration Act, etc.
- complete all sections of the application, print neatly and legibly, and attach any additional information requested to the application. Incomplete, incorrectly completed or outdated applications will not be considered for funding. Current scholarship guidelines and applications are dated October 5, 2007 (beside Logo).
- have received employer approval for an Education Leave of Absence. A legible copy of the approved leave of absence (LOA) form signed by employee, manager / supervisor and human resources must accompany this application.
- have applied for other sources of funding as per section F.
- submit the application by 5:30 p.m. on the submission deadline dates and be enrolled and / or enrolling in program(s) / course(s) / class(es) that begin in the 6 month period following the submission deadlines dates as follows:

Submission Deadline Dates:

May 31 – for course(s) / class(es) that begin between July 1 – December 31.

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A. APPLICANT INFORMATION

- Advise the Foundation in writing of any change(s) to your name and / or contact information.

B. EDUCATIONAL BACKGROUND

- Identify post secondary education. If you are currently enrolled in a program that is ongoing and yet to be completed please indicate "ongoing" in the "Certificate / Designation Achieved" line.

C. CAREER BACKGROUND

- List your career / employment history beginning with the most recent. If you are employed in more than one department / facility within the region indicate all of them.

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D. PROGRAM / COURSE(S) / CLASS(ES)

- In the first line record the start and end dates of the approved Education Leave of Absence. Attach LOA.
- In the second line identify the program you are enrolled in, the related designation that will be achieved on completion, and the start and end dates of program.
- In the subsequent lines indicate only the course(s) / class(es) that will begin in the 6 month period after the submission deadline date as noted above in "Eligibility". If a program extends over more than one semester you must submit separate applications for each semesters' course(s) / class(es).
- Attach from the Educational Institution, a detailed copy of all the program(s) / course(s) / class(es) description(s) / outline(s) / schedule(s), that you will begin taking within the 6 month period as noted above.

E. EXPENSES

- Complete this section and attach from the Educational Institution a detailed copy of the cost(s) for the program(s) / course(s) / class(es) that you recorded in section D. The expenses recorded must be only for the related 6 month period.
- Scholarship funds are not paid for ancillary costs such as any form of travel, mileage, meals, accommodation, loss of salary and wages, sustenance or other living expenses etc.

F. OTHER FUNDING

- To have your application considered you must apply to other sources for financial assistance, including your employer. List the sources, amounts applied for and whether or not you were successful in obtaining assistance and the amount of assistance for this education / training.
- Attach back up regarding your application(s) and the response(s) you received from the source(s) you identified.
- Other sources of funding include but are not limited to the following:
 - ✧ Cypress Health Region ✧ Saskatchewan Health ✧ SAHO ✧ Government of Saskatchewan
 - ✧ HSAS ✧ SEIU Canada ✧ SUN ✧ SIAST ✧ U of S ✧ U of R ✧ Scholarships Canada
 - ✧ Abbott Education Foundation Inc.

G. BENEFIT OF PROGRAM / COURSE(S) / CLASS(ES)

- Indicate what your specific objective(s) are by taking this training / education. Give details as to what the benefits are to yourself, your employer and to the clients (patients) you serve.
- Carefully read the declaration, sign and date the completed application.

H. TO BE COMPLETED BY DEPARTMENT HEAD

- Department Head refers to the management person responsible for the area being impacted by your training. Usually the person who is responsible for your employment evaluations.
- Remember to have this section completed as directed or your application will be incomplete and will not be considered for funding.

OTHER CRITERIA AND IMPORTANT INFORMATION

- Education Leave Assistance scholarship funds are allocated up to a maximum of 60% of the expenses noted on and with the application form. Scholarship funds are paid on the lesser of: up to a maximum of 60% of the actual receipts submitted or the allocated amount.
- Course(s) / class(es) not identified in section D and E will not be included in payment calculations after scholarship amounts are awarded.
- Applicants will be notified in writing of the Skills Enrichment Scholarship committees' decision within 30 days after the submission deadline date.
- 50% of the scholarship is paid when the recipient submits the receipt(s) for the actual cost of their registration/tuition and books/materials and their Social Insurance Number (SIN). No funds will be distributed if the Foundation does not receive the recipients SIN.
- The remaining 50% is paid when proof of successful completion of the program(s) and / or course(s) and / or class(es) related to the 6 month scholarship period is submitted.
- Scholarships are taxable income and as per legislation a T4A will be issued each taxation year. The T4A will be mailed to the last known address of each recipient.
- Scholarships are not transferable and can not be used by any other person(s) and / or party(ies).
- Recipients must notify the Foundation in writing if for any reason they will not be undertaking the training / education related to the scholarship awarded.

C. CAREER BACKGROUND

Employer: _____
 Department: _____ Facility: _____
 Date Employment Commenced: _____
 Supervisor / Manager's Name: _____
 Supervisor / Manager's Phone #: _____

Employer: _____
 Department: _____ Facility: _____
 Date Employment Commenced: _____
 Supervisor / Manager's Name: _____
 Supervisor / Manager's Phone #: _____

Employer: _____
 Department: _____ Facility: _____
 Date Employment Commenced: _____
 Supervisor / Manager's Name: _____
 Supervisor / Manager's Phone #: _____

D. PROGRAM / COURSE(S) / CLASS(ES)

Start Date of Education Leave mth/day/year	End Date of Education Leave mth/day/year	Program Name	Certificate / Designation	Start Date mth/day/year	End Date mth/day/year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

E. EXPENSES

Tuition/Registration: \$ _____
 Materials/Books: \$ _____
 Other (specify): _____ \$ _____
TOTAL \$ _____

