



# *Dr. Noble Irwin Regional Healthcare Foundation Inc.*

## SKILLS ENRICHMENT SCHOLARSHIP PROGRAM

October 5, 2007

### APPLICATION GUIDELINES - REGISTRATION / TUITION & BOOKS / MATERIALS

#### 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.

#### 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 Incomplete, incorrectly completed or outdated applications will not be considered for funding.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 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.

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.

#### 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 facility / department within the region indicate all of them.

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

- In the first line identify the program you are enrolled in, the related certificate or 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.

## **Con't APPLICATION GUIDELINES - REGISTRATION / TUITION & BOOKS / MATERIALS**

### **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, 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**

- Registration / Tuition and Books / Materials scholarship funds are allocated up to a maximum of 75% of the expenses noted on and with the application form. Scholarship funds are paid on the lesser of: up to a maximum of 75% 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.

### **SUBMIT COMPLETED APPLICATION TO**

Dr. Noble Irwin Regional Healthcare Foundation Inc.

Attn: SESP

Box 1706	or	2051 Saskatchewan Drive
Swift Current, SK		Swift Current, SK
S9H 4G6		S9H 0X6



**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)**

Program Name	Certificate / Designation	Start Date mth/day/year	End Date mth/day/year
Course/Class		Start Date mth/day/year	End Date mth/day/year
Course/Class		Start Date mth/day/year	End Date mth/day/year
Course/Class		Start Date mth/day/year	End Date mth/day/year
Course/Class		Start Date mth/day/year	End Date mth/day/year
Course/Class		Start Date mth/day/year	End Date mth/day/year
Course/Class		Start Date mth/day/year	End Date mth/day/year

**E. EXPENSES**

Tuition/Registration: \$ \_\_\_\_\_

Materials/Books: \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

