# The Health Foundation of East Central Saskatchewan, Inc. Education Fund Application Form



# APPLICATION DEADLINE: May 1, 2019 For Use July 1, 2019 - December 31, 2019 is note that requests for retroactive funding will not be considered.



APPI	LICANT INFORMATION:	active fullding will not be considered.
Pleas	e print	Barranton of an I Facility
Name	e:	Department and Facility
Home	e Address:	Postal Code
Home	e Phone: Work Phone	email:
PLE/	ASE CHECK THE CATEGORY YOU ARE APPLYING	FOR:
	Tuition and Books (Costs for Upcoming Semest	er) Up to \$12,000.00 Awarded Annually Applications considered twice per year
		suing studies in an identified "hard-to-recruit" health care one semester at a time. For courses less than 1 year in
	<ul> <li>Must have completed their first year of stud from Saskatchewan Health Authority</li> </ul>	y as a full-time student and on an approved education leave
	<ul> <li>Has completed their first year of study as a</li> <li>Requiring an update or refresher course to</li> <li>A return of service commitment may be required as</li> </ul>	become licensed to practice in Saskatchewan
	Registration and Travel Assistance for Employe Technical Clinical Conferences	es Attending Up to \$6,000.00 Awarded Annually
	Assistance to employees for approved registration a either in or out-of-province including locally sponsor departmental budgeting and should be considered a	Applications considered twice a year and travel costs to attend recognized professional conference ed in-service events. This funding does not replace any as the "funder of last resort". Employee must indicate where funding is received from The Health Foundation. The funding o replace other funding available.
	Educational Opportunities for Employees, Manage	ers and Supervisors
		Up to \$4,000.00 Awarded Annually Applications considered twice a year her on a group, departmental or region-wide basis. This may ing programs. This will be based on identified annual needs return of service commitment may be required.
	Purchase of Educational Resource Material	Up to \$1,000.00 Awarded Annually Applications considered twice a year
		naterials. These resources materials would be supplemental to ets. Departments to present proposals for consideration on a
	Equipment	Up to \$1,000.00 Awarded Annually Applications considered twice a year
	Funding to purchase equipment that may be require approved in "Purchase of Educational Resource Magnetic Properties of Educational Resource Magnetic Properties of Education and Properties of Educati	ed to enhance the use of the educational resource materials
		iew and revision at the discretion of the Committee. be notified ASAP. Next application deadline is November 15, 2019

## CRITERIA:

### Employee Request:

- 1. Applicant must be an employee of the Saskatchewan Health Authority and located in East Central Sask.
- 2. Application must be completed in its entirety and submitted by the deadline in order to be considered.
- 3. Provincial and departmental funds, if available, must be utilized before requesting scholarship.
- 4. Return in service agreement may be required for awards of \$500.00 or greater.
- 5. The educational opportunity must be approved by applicant's supervisor/manager.
- 6. If approved, funding will be given based on the determined priority of the educational event. (i.e., Required Education, Encouraged Education or Staff Development Training. See the Health Region policy 260.001)

#### Educational Resource Material and Equipment requests from departments:

- 1. Resource material and/or equipment educational funding must be supplemental to funding provided from approved budgets.
- 2. Application must be completed in its entirety and submitted by the deadline in order to be considered.

EMPLOYMENT INFORMATION:						
Current Position:	Start Date//	□full time □ part time □ casual				
Department & Facility:						
Previous Positions with Sask. Health	Start Date//	☐full time ☐ part time ☐ casual				
2	Start Date/	□full time □part time □casual				
	Start Date//					
CURRENT EDUCATION: Specify university, technical, and/or other profess certificate, if relevant.	sional training you have comp	oleted. Attach copies of transcripts or				
Course 1 Degree/Certific	icate Date	e Completed				
Course 2 Degree/Certific	icate Date	e Completed				
(For Tuition and Books category, provide the costs for the <u>upcoming semester</u> ). You must attach copy of official registration information and/or other documentation of costs.  For Educational Resource Material or Equipment Categories, please provide documentation of costs of the resources you are requesting.  You may not exceed the maximum amount available in each category.						
\$	<b>0</b> ,					
Comments:						

as departmental funding, personal funds,	VE ACCESS TO: lease indicate from where the balance of funding will be provided (such etc). Please note that The Health Foundation should be considered a ailable funding should be pursued prior to applying to The Health Foundation
Total Cost of Program:	
Funding Source:	Amount funded
1.	
2.	
3.	
	INITIATIVE VOLLARE ARRIVING FOR
PLEASE DESCRIBE THE EDUCATIONAL	
Title of Program	
Type of Program ☐ Course ☐ Wo	orkshop
Program Provider / Educational Institution	n
(eg: University, Regional College, )	
Dates & Length of Training	
For Educational initiatives, you <u>must</u> incluspecific educational opportunity to you are	ude a statement of your goals, objectives and the benefits of this nd the Health Region.
For Educational Resource or Equipment ( resource/equipment to employees of the l	Categories, please describe the benefits of purchasing the Health Region.
	Additional space on next page

	<del></del>
DECLARATION OF APPLICANT	
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To the best of my knowledge the information in this application is of	
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