



CONFIDENTIAL

Professional Development Grant Application

Please place a check mark beside the grant(s) you wish to apply for:

- Goodfellow Professional Development Grant in Nursing:**
- TD Grants in Medical Excellence:**

Submission Deadline: June 30

If June 30th is not a business day, applications will be accepted on the following business day.

Total granted each year: \$20,000
Maximum grant size: \$ 2,500

The Lloydminster Region Health Foundation has a singular mission: To raise funds and/or receive gifts in kind that will enhance the provision of quality, services, and facilities for the Lloydminster Region, thus creating an environment of "Health & Wellness for ALL".

The broad purpose of the Professional Development Scholarship is to support continuing education related to advancing job knowledge, skills and qualification by funding a major course of study. LRHF Professional Development Scholarship is awarded through a Selection Committee made up of one member of the LRHF Board of Directors and up to four professional staff. This committee ensures that the best candidates are recommended for funding.

The Goodfellow Grant is directed towards nursing full-time or permanent part-time staff member employed at Lloydminster Hospital or an affiliated facility: Dr. Cooke, Jubilee Home, Home Care or Public Health. Priority will be given to employees that demonstrate definite course of study.

The TD Grants in Medical Excellence are directed towards any healthcare professionals full-time or permanent part-time staff member employed at Lloydminster Hospital or an affiliated facility: Dr. Cooke, Jubilee Home, Home Care or Public Health. Priority will be given to employees that demonstrate definite course of study.

Consideration will be given to requests for specialized on site training in an area that will benefit several staff at one time.

All applicants must meet the following criteria:

- Must be relevant to patient care at a Lloydminster Facility or a program of PNHR
- Must have demonstrated satisfactory levels of job performance and commitment to the facility
- The education must have an impact on the facility within a reasonable period of time
- Education or training must be taken in a health care, allied health care or related discipline
- Applicant must submit an official proof of admission and registration and validated statement of program costs
- Incomplete application will not be reviewed

Previous recipients are eligible to apply. New applicants will receive priority.

Submissions must be submitted to the LRHF Office by **June 30th**

In the event the applicant fails to successfully complete the program of study or does not complete the agreed upon length of work, he/she will be required to repay the grant.

**Application for Funding
 Professional Development Scholarship Fund**

Please place a check mark beside the scholarship you wish to apply for:

- Goodfellow Professional Development Grant in Nursing*
- TD Grants in Medical Excellence*

Have you benefited before: as a group as an individual non applicable

I. Applicant Information

Name of Applicant: _____
 Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone (home): _____ Phone (work): _____
 Social Insurance Number: _____ *required

II. Program Information

Name/Title of Program/Degree: _____
 Undergraduate _____ Graduate _____ Other (Specify) _____
 Institution: _____
 Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____
 Date Program Started: _____ Date Program Completed: _____
 Amount Requested: \$ _____
 Educational Goals:

I agree to the terms of this grant.

_____ Date _____ Applicant's Signature _____

To be completed by the Manager, Director or Professional Leader.

III. Calculation of Grant

Grant amounts will be assessed based on a point / rating system. Please have your supervisor assign a rating to the following criteria (circle appropriate points):

Relevance to job / Program Needs	Pts.	Benefit realization to Department	Pts.	Access to alternate funding	Pts.
Not relevant	0	Long term only	0	High	0
Marginally	1	Mostly long term	1	Some	1
Partially	2	Some short term	2	Limited	2
Directly	3	Many short term	3	None	3

The percentage of reimbursement will be based on the following point table:

Points	Percent Reimbursement
0-2	No reimbursement
3-5	Up to 33% of request
5-7	Up to 66% of request
8-9	Up to 100% of request

IV. Approval of Supervisor

In signing this application, I confirm that the applicant:

- Has demonstrated a commitment to his/her job at LH
- Contributes to the improvement of work at LH
- Performs _____% of his/her work at LH
- I also confirm that my department does not have funds available to support this applicant.

Name: _____ Title: _____ Ext.: _____

Signature: _____ Date: _____

Submission Deadline: June 30th

If June 30th is not a business day, applications will be accepted by the next business day.

Director: This training will benefit quality-nursing care at the PNHR in Lloydminster.

Return completed application to LRHF 3820 43 Avenue, Lloydminster, SK S9V 1Y5

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Office Use Only:

Application Date: _____ Score: _____ Grant amount: _____

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