

## Goodfellow Professional Development Grant

Total granted each year: \$10,000  
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 Board of Directors and up to four nurses. This committee ensures that the best candidates are recommended for funding.

This scholarship is directed towards nursing full-time or permanent part-time staff member employed at Lloydminster Hospital or an affiliated program: 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

Winners in a given year may not apply for any other LRHF Professional Development scholarship for the next two years.

Submissions must be submitted to the LRHF by **July 31st**

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.

## Apply for Funding

### Professional Development Scholarship Fund

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

#### I. Applicant Information

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

#### 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):

<b>Relevance to job / Program Needs</b>	<b>Pts.</b>	<b>Benefit realization to Department</b>	<b>Pts.</b>	<b>Access to alternate funding</b>	<b>Pts.</b>
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:

<b>Points</b>	<b>Percent Reimbursement</b>
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: July 31st**

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

Return completed application to LRHF 3820-43 Ave. Lloydminster, SK. S9V-1Y5

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**Office Use Only:**

Application Date: \_\_\_\_\_ Score: \_\_\_\_\_ Grant amount: \_\_\_\_\_  
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