

## PROFESSIONAL DEVELOPMENT FUNDING

The Lloydminster Region Health Foundation is proud to offer several health related scholarships through our scholarship program. This program would not be possible without the support of many generous donors who commit year after year.

Annual grant disbursements totalling- \$10,000. Maximum \$2,500 grant per recipient.

### GOODFELLOW PROFESSIONAL DEVELOPMENT GRANT

In memory of Kitty Goodfellow a Professional Development Grant was established to support continuing nursing education related to advancing job knowledge, skills and qualification. It is directed towards permanent full-time or part-time nursing staff employed at the Lloydminster Hospital or an affiliated facility.

### PROFESSIONAL DEVELOPMENT GRANT

A Professional Development Grant was established to support continuing education related to advancing job knowledge, skills and qualification. It is directed towards permanent staff employed by SHA.

---

## ELIGIBILITY CRITERIA

- Applicants must be a permanent resident in the Lloydminster area.
- Must be a Canadian citizen or landed immigrant.
- Must be a permanently-employed healthcare worker in the Lloydminster area.
- Demonstrated satisfactory levels of job performance and commitment to the facility.
- Education, training or conferences must be in a healthcare, allied healthcare or related discipline.
- Receive managerial approval.
- Previous recipients are eligible to apply, but not in a consecutive year. New applicants will receive priority.
- Preference will be given to registration fees.

---

## APPLICATION PROCESS

- The deadline for applications is August 31 and February 28. Awarded recipients will be notified in the month following the deadline.
  - Application deadline is March 31 for courses taking place in April through September.
  - Application deadline is September 30 for courses taking place in October through March.

Completed applications forms can be submitted to:

Lloydminster Region Health Foundation  
Attention: Professional Development Fund  
4910 50 Street, Suite 116  
Lloydminster, SK S9VoY5  
[info@lrhf.ca](mailto:info@lrhf.ca)

- Applications must contain the following:
  - Complete Application Form
  - Official proof of admission and registration and validated statement of program costs.

---

## SELECTION CRITERIA

The following criterion is used to weigh applications:

- Relevant to patient care at a Lloydminster facility or program.
- Have an impact on the facility within a reasonable period of time.
- Applicant ambition.

---

## SUCCESSFUL GRANT RECIPIENT

- The recipient must submit to LRHF an official proof of admission and registration and validated statement of program costs within one year of completion.
- In the event the applicant fails to successfully complete the program of study he/she will be requested to repay the grant.
- Recipients may not apply for the same LRHF scholarship in the subsequent year.
- Successful recipients will be advised September or March of each year. Funds will not be awarded until proof of registration is received by the Foundation Office.

### Internal Use Only

#### Approved to Order

LRHF, CEO Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Release of Funds

Actual Invoice attached

Fund Source: \_\_\_\_\_

Amount \$ \_\_\_\_\_

Date: \_\_\_\_\_

Cheque # \_\_\_\_\_

## PROFESSIONAL DEVELOPMENT FUND APPLICATION

### APPLICANT INFORMATION

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

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Personal Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Place of Work:

Lloydminster Hospital     Jubilee Home     DCECC     Community Health Services

Lloyd. Long Term Care     Home Care     Other: \_\_\_\_\_

Department Name: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date with SHA: \_\_\_\_\_

### PROGRAM/TRAINING INFORMATION

Title of Program/Training: \_\_\_\_\_

Institution: \_\_\_\_\_

Description (attach information if needed): \_\_\_\_\_

Who will benefit: \_\_\_\_\_

Program/Training Commencement Date: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

### PROFESSIONAL GOALS

\*Submit as a separate attachment.

Submit a written statement outlining your professional goals and how they align with your facility's needs to enhance healthcare. Also describe the contribution you will be able to make to the practice as a result of this study.

---

## APPLICATION CHECKLIST

Check off each section when finished to ensure a fully-completed Professional Development Grant Application:

- Complete Application Form
- Professional Goals
- Managerial Approval
- Signed Declaration
- Official proof of registration and validated statement of program costs

---

## APPLICANT'S DECLARATION

I hereby certify that the above information is correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## PROFESSIONAL DEVELOPMENT FUND APPLICATION – MANAGERIAL APPROVAL

To be completed by your Manager, Director or Professional Leader

Applications are weighted against community impact, job relevancy and applicant ambition.

---

## SUPERVISOR RATING

Rate the applicant's choice of professional development to the following criteria (circle appropriate points):

Relevance to job / Program Needs	Pts.	Benefit realization to Department	Pts.
Not relevant	0	Long term only	0
Marginally	1	Mostly long term	1
Partially	2	Some short term	2
Directly	3	Many short term	3

I hereby confirm that the applicant:

\_\_\_\_\_ Has demonstrated a commitment to his/her job at SHA

\_\_\_\_\_ Contributes to the improvement of work at SHA

Performs \_\_\_\_\_% of his/her work at SHA

\_\_\_\_\_  
Manager, Director or Professional Leader

\_\_\_\_\_  
Date

Return completed form with application.

NOTE: Applicant will not be considered unless all documentation is received.