**STAFF EDUCATION BURSARY FUND**

**Application and Guidelines**

***A Education Bursary Fund made available by the***

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**The Administration for the distribution of funds is the responsibility of the**

 **Wetaskiwin Health Foundation**

**1**. All employees who have completed the probationary period requirement with any AHS operated health facility in Wetaskiwin or PCN in Wetaskiwin and PCN in Camrose are eligible to apply.

**2.** Any **job related** program/workshop that supports professional development/employee wellness or personal growth will be considered for funding.

**3.** Before funding is considered, applicants must have checked with their own department manager to see if the program can be funded through their department education budget.

**4.** Any full time staff member of the **Wetaskiwin Hospital & Care Centre,** **Wetaskiwin** **Community Health Unit**, **Wetaskiwin Mental Health** **Centre,** **Primary Care Network Camrose** & **Primary Care Network Wetaskiwin**- are eligible for funding to a maximum of **$750.00.**

**5.** Part time & casual staff are eligible for a maximum of **$350.00.**

**6.** Train the trainer instructor courses will be funded to a maximum of **$300.00**.

**7.** **Costs to be considered for funding only include tuition**

**8.** Those wishing to apply may do so by **submitting a completed application form** **following the program with proof of attendance and completion** for which funding is sought. Failure to provide the necessary information will result in withholding the applicants review process. Only the amount of funding requested will be paid out, up to the eligible maximum.

**9.** Applications will be reviewed as received by the Bursary Fund Committee. **Application deadline: March 31, 2022.** **Eligible timeline: April 1, 2021 – March 31, 2022.**

1. Funds will be awarded at the end of each quarter.

**STAFF EDUCATION BURSARY FUND APPLICATION FORM**

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####  **Incomplete applications will cause unnecessary delays.**

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

***Personal Information***

Name:

Address (city & postal code):

Phone Numbers

(H): (W): Position:

 **(Circle One Please)**

Unit/Department: Casual Part Time Full Time

 ***Program Information***

Title/Program Name:

Host: Location:

Dates of Program: Hours of Instruction:

How will this program contribute to: (circle rating with: 1-great help & 5-little help)

*Use back of form for more space*

a)Your personal growth ( 1 2 3 4 5) Explain:

b) Your professional/career growth ( 1 2 3 4 5 )Explain:

c) Your ability to do your job (specific skills) ( 1 2 3 4 5 )Explain:

d) Benefiting WHCC ( 1 2 3 4 5 )Explain:

 ***Financial Information***

Registration Fee: $ Total: $

Are you receiving or have you applied for funding from other sources?

If yes, please specify:

When did you last receive funding from a Bursary fund?

Year: Month:

I confirm that the information that I have provided is correct:

 (Signature and Date)

**Applicants Signature:**

**Unit/Department/Program:**

# Unit/Department Head Signature:

 ***For Official Use Only***

Approved by: Amount: $

### Denied by: Reason: