



EMPLOYEE SCHOLARSHIP APPLICATION

Chaleur Regional Hospital Foundation Scholarship Fund

The mission of the Chaleur Regional Hospital Foundation is to work with the Chaleur Regional Hospital to identify the fundraising needs and then connect with the community to encourage giving. Operationally, we combine the support of Hospital endeavours with the respect of donor interests in an effort to meet the evolving healthcare needs.

Education is also an important component of the Chaleur Regional Hospital Foundation. It has therefore established a bursary and scholarship fund in 1997 to support the education of staff and professionals working in the establishment.

Selection Criteria

- Scholarships will be granted to employees working at the Chaleur Regional Hospital. Applications can be submitted for continuing education programs, seminars, training workshops, conferences, conventions not covered by the Vitalité Health Authority.
- **Particular importance will be given to question 7 and 8.**
- **You must answer every question on the form,** or your application will be considered incomplete.
- **Approval by supervisor (department head or vice-president)**
All scholarship applications must be approved by the employee's supervisor to ensure that the training requested is essential, constituting an asset for the particular department and the Chaleur Regional Hospital

Deadline

Applications must be given in before April 30th for the scholarship(s) available in May and before October 31st for the scholarship available in November.

To apply, please complete the enclosed form and return it to:

CHALEUR REGIONAL HOSPITAL FOUNDATION

1750 Sunset Drive

Bathurst, N.B.

E2A 4L7

tel.: (506)544-2370 fax: (506)544-2466

www.chaleurfoundation.ca • Foundation.Chaleur@vitalitenb.ca

Selection Committee

A selection committee, made up of members of the Chaleur Regional Hospital Foundation Board of Trustees and a representative of the establishment, shall be responsible for selecting candidates and determining the amount of the scholarship(s) to be granted.

Proof of participation

The employee will have to provide proof indicating his or her participation in the training program or session.

EMPLOYEE SCHOLARSHIP APPLICATION FORM

1. Personal Information

Name : _____ Employee # : _____

Address : _____

Telephone : _____ (home) _____ (work)

Are you employed :

Permanent part-time? _____ Permanent full time? _____ On a casual basis? _____

In what department? _____

2. Please specify the reason for your scholarship application.

Seminar: _____ Conference: _____ Workshop: _____

Continuing Education Program: _____ Convention: _____ Other: _____

3. Please describe the training program, including the location of the program. (seminar, conference, convention, etc.).

4. Is this training program required by your employer? Yes No

5. Will it be funded by the hospital (Health Authority)? Yes No

6. Please describe the details regarding the necessary costs to follow the program

Registration		\$
Books		\$
Hotel		\$
Travel expenses		\$
Meal		\$
Others		\$
		\$
	Total	\$

7. If assistance is not available to you through this fund, do you have other options to attend this program?

union professional association others _____

If you check one of the boxes, what is the approved amount: _____\$.

8. Why is it important for you to participate in this training program and why should you be granted a scholarship? How will this training program be beneficial to you, your department and the hospital? (You can write on the back of this sheet or attach an additional sheet if you need more space).

Multiple horizontal lines for writing the answer to question 8.

9. I am applying for the scholarship(s) available in: May _____ November _____

EMPLOYEE: By checking this box, I certify that the statements made in this application are true and complete to the best of my knowledge. I am aware that misrepresentation or falsification may result in the rejection of the application.

SIGNATURE

DATE

SUPERVISOR: By checking this box, I certify that the training requested constitute an asset for the department and the Chaleur Regional Hospital.

SIGNATURE OF SUPERVISOR

DATE