



Royal Inland Hospital Foundation Give and Grow Scholarship Awards

Staff Application Form Deadline:
4:00 pm on Monday, May 7, 2018

Please complete this form electronically and save a copy for your records.

(SAVE before filling out to ensure the PDF is not in VIEW mode.**)**

First Name:	Last Name:
Telephone (work):	Telephone (home or cell):
Home Address:	City, Province, Postal Code:
Email:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual (select one)
Position:	Department:
Employment Starting Date:	Manager or PPL Name:
Employee No:	

I hereby grant permission to the Royal Inland Hospital Foundation Scholarship Committee to contact my supervisor to request further information about me if they see fit. If I am successful, I give permission for the Royal Inland Hospital Foundation to make public my award.

If you are awarded a scholarship, you will be expected to submit a short report following your course/program in order for us to evaluate the effectiveness of the scholarship program and show the value to our donors and staff in supporting this initiative. A template will be provided to the scholarship recipients.

Please submit your completed application electronically to: alisa.coquet@interiorhealth.ca

For questions or inquiries, please call Alisa Coquet, Director, Donor Relations, Royal Inland Hospital Foundation at: 250-314-2836. (Regular office hours are Monday – Thursday, 8:30-4:30)

Course/Conference Information

1. Name of Course, program, conference or activity: _____

Start and finish dates: _____ Location: _____

2. The specific learning objectives of the proposed course, program, or conference (bullet point acceptable). Please avoid use of acronyms throughout the application.

3. Provide a brief summary of your work experience and education background. Please include a short explanation of your role at RIH with examples of your main responsibilities and impact on patient care.

4. How will this course/program enable you to contribute to patient care excellence at RIH?

5. How will you apply what you learned in your job setting?

6. How will you share what you've learned with other members of your team? Please provide a minimum of 3 specific examples of this.

Budget & Financial Information

Amount being requested from RIH Foundation Education Fund (\$1,000 maximum): _____

Please fill in the following budget including conference registration, airfare, hotel, etc., and how these expenses will be paid. **Note that Expense and Revenue totals should be the same and all figures should be in Canadian dollars.**

Expenses	Revenues
Course/Conference Fees	RIH Foundation Scholarship
Airfare	IHA contribution
Accommodation	Union contribution
Meals	Personal contribution
Other: _____	Other: _____
Total: _____ \$	Total: _____ \$

7. a) Does your department and/or Union have a budget specifically for professional development?
 Yes No
- b) What other sources of funding for this course/conference have you pursued, if any?

8. Case for Support: Please use this area to tell us anything else that may assist in the evaluation of your application including financial need or other barriers that may otherwise prevent you from pursuing professional development without the assistance of this scholarship.

9. **Please forward the Manager/PPL Support Form to your current Manager or PPL.** This form should be submitted directly to the Foundation by your Manager. Please ensure your Manager submits the form prior to the application deadline in order to ensure your application is complete. Please contact Alisa at the Foundation if you think it would be more appropriate for someone other than your current Manager to complete the Support Form.

Thank you for completing the application for funding through the RIH Foundation Give and Grow Education Fund.

Please submit your completed application electronically to: alisa.coquet@interiorhealth.ca no later than 4:00 pm on Monday, May 7, 2018. Late applications will not be reviewed by the committee.