



SPIRIT OF THE NORTH HEALTHCARE FOUNDATION
REGIONAL EDUCATION GRANTS FOR HEALTHCARE EMPLOYEES



The Spirit of the North Healthcare Foundation education grants are available annually to staff members of public healthcare institutions within the referral area of the University Hospital of Northern British Columbia who have successfully completed a recognized program relating to their profession within our healthcare system.

GRANTS: Funding will be available once a year for education grants to healthcare employees. Grants will not exceed 60% of course fees, to a maximum of \$300 and subject to available funding. Travel and accommodation expenses are not eligible. Applicants must provide proof of successful completion of an accepted course or courses between January 1st and December 31st. Copies of receipts are mandatory. Grants will be restricted to one grant per healthcare employee per year. Final decision will be at the discretion of the Endowment Committee.

ELIGIBILITY:

1. Open to employees who have worked a **minimum of 1,000 hours** at a healthcare institution in the UHNBC referral area within the calendar year and plan to work in the area after completion of course.
 Only staff in institutions, which have a current operating agreement with the Spirit of the North Healthcare Foundation, will be eligible.
2. Grants will NOT be issued for courses for which the employer or a vendor is contractually responsible.

CRITERIA:

- ✓ Strong academic standing
- ✓ Strong work performance
- ✓ Community involvement, volunteerism
- ✓ Demonstrated benefit of education/training to employer and healthcare
- ✓ Programs that enhance healthcare in the UHNBC referral area will be given preference

APPLICATIONS MUST BE RECEIVED BY DECEMBER 31 ST OF THAT CALENDAR YEAR	APPLICATIONS THAT ARE INCOMPLETE, LATE OR DO NOT MEET THE ELIGIBILITY REQUIREMENTS WILL NOT BE CONSIDERED
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APPLICATION DETAILS: **Submit to the Foundation Endowment Committee the following:**

- ✓ Completed application form and copy of receipts
- ✓ Letter from applicant outlining career goals and requirements
- ✓ Academic transcripts, if applicable
- ✓ Letter of recommendation from supervisor, which **must** include the number of hours worked in the previous 12 months as well as how the course will benefit healthcare in their department or community
- ✓ Details of other financing (NHA education funding, Unions, etc.)
- ✓ Additional information to support application may be sought
- ✓ All applications will be reviewed the following January
- ✓ Successful applicants will not be notified prior to March 1st

SPIRIT OF THE NORTH HEALTHCARE FOUNDATION
REGIONAL EDUCATION GRANTS APPLICATION FORM
FOR HEALTHCARE EMPLOYEES

NAME OF APPLICANT _____	EMPLOYEE NUMBER _____
JOB TITLE _____	DEPARTMENT _____
HOME ADDRESS _____	PHONE WORK _____
_____	PHONE HOME _____
POSTAL CODE _____	FAX NUMBER _____
EMAIL ADDRESS _____	S.I.N.# _____

HEALTH CARE FACILITY (Place of employment)	_____
LOCATION	_____

COURSE INFORMATION	
_____	_____
(NAME OF TRAINING PROGRAM)	(NAME OF FACILITY)
ADDRESS _____	POSTAL CODE _____
START OF PROGRAM _____	END OF PROGRAM _____
COST \$ _____	AMOUNT OF FUNDING REQUESTED \$ _____
DETAILS OF OTHER FINANCING _____	\$ _____
By signing this form you agree to give permission to the Spirit of the North to seek additional information necessary to approve this application.	
SIGNATURE OF APPLICANT _____	DATE _____

**APPLICATIONS ACCEPTED ON CONTINUOUS INTAKE
PLEASE COMPLETE APPLICATION FORM WITH
INFORMATION REQUESTED ON GRANT OUTLINE AND RETURN TO:**

Spirit of the North Healthcare Foundation - Endowment Committee 1475 Edmonton Street, Prince George, B.C. V2M 1S2
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FOR FOUNDATION OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ Additional Info Required: Y / N
AMOUNT GRANTED: _____ CHEQUE# _____ MAILED: _____