

BURSARY APPLICATION FORM

Alberta Health Services - High River/Nanton Service Area

- **☑** Download and print application before completing.
- ☑ Do not email application, but return a printed copy to the Hospital Gift Shop
- ☑ Sealed envelope labeled AUXILIARY BURSARY APPLICATION FORM
 - o Attention: President of the High River Hospital Auxiliary

The winner of the bursary will be contacted by phone.

PART ONE TO BE COMPLETED BY EMPLOYEE

COURSE OUTLINE and LETTER OF SUPPORT MUST BE ATTACHED

NAME:	DEPARTMENT/UNIT:
	WORK TELEPHONE:
EMPLOYED:	□ F/T □ P/T
POSITION:	SITE:
Hours worked in the past 12 months:	
COURSE:	START DATE:
INSTITUTION/FACULTY/PROGRAM:	
ENROLLMENT:	□ F/T □ P/T
Received Funding from other Alberta Health Services Sources: Yes No	
Please submit narrative to support your request on a separate page.	
PART TWO TO BE COMPLETED BY AUXILARY BURSARY APPLICATION COMMITTEE	
Request Approved:	Amount Approved: \$
Comments:	
Request Denied:	
Comments:	
Signature:	<u> </u>
High River Hospital Auxiliary Bursary Application Committee must reply to staff member.	

BURSARY APPLICATION GUIDELINES

Eligibility Criteria

• Applicant must be a full time or part time employee and be employed by the High River Hospital, Annex, Health Unit (High River and area) or EMS.

Value

• Two awards will be issued annually for a value of \$1,000.00 each.

Number of years the award will be available

· As long as the High River Hospital Auxiliary organization exists

Application Deadline

 To conform with the High River Hospital Auxiliary operating year – January 1st to December 31st. Application deadline is June 1st for a fall class/program and October 1st for a winter/spring class/program.

Application Procedure

 Application Form, Personal Narrative and a letter of acceptance into the class/program, together with a written letter of support from the department manager, to the President of the High River Hospital Auxiliary.

Selection Process

- On an as needed basis
- Application will be reviewed by:
 - o The President of the Auxiliary or
 - Designated alternate who is a member in good standing of the Auxiliary

Presentation of the Award

 Presentation of the award will be made at either the Hospital Gift Shop or at one of the regular monthly meetings of the High River Hospital Auxiliary.

Condition of Acceptance

- The staff member will write a letter to the Hospital Auxiliary describing the benefit of their education and show a copy of completion of the course
- Approved funding must be used within 1 year of acceptance. If the applicant is unable to complete the course, all approved funds will be returned to the Auxiliary Bursary Fund.