



**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 Prince George Regional Hospital 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 1<sup>st</sup> and December 31<sup>st</sup>. 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 PGRH referral area within the calendar year and plan to work in the area after completion of course.  
The PGRH referral area is considered to be all of B.C. north of Williams Lake. 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 PGRH referral area will be given preference

<p>APPLICATIONS MUST BE RECEIVED BY DECEMBER 31<sup>ST</sup> OF THAT CALENDAR YEAR</p>	<p>APPLICATIONS THAT ARE INCOMPLETE, LATE OR DO NOT MEET THE ELIGIBILITY REQUIREMENTS WILL NOT BE CONSIDERED</p>
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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, 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 1<sup>st</sup>

**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 _____
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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 _____	
SIGNATURE OF APPLICANT _____	DATE _____

**DEADLINE FOR APPLICATION: DECEMBER 31<sup>ST</sup>**  
**INCOMPLETE OR LATE APPLICATION WILL NOT BE CONSIDERED**

**PLEASE COMPLETE APPLICATION FORM WITH**  
**INFORMATION REQUESTED ON GRANT OUTLINE AND RETURN TO:**

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

**DATE APPLICATION RECEIVED:** \_\_\_\_\_ **Additional Info Required:** Y / N  
**AMOUNT GRANTED:** \_\_\_\_\_ **CHEQUE#** \_\_\_\_\_ **MAILED:** \_\_\_\_\_