

***Sturgeon Community Hospital Foundation
Scholarship for Professional Health Worker Development
In Memory of Vitaline and Cecil Rooke***

Terms of Reference

This scholarship endowment fund was established by a bequest from a former patient of the Sturgeon General Hospital. Vitaline Rooke worked much of her life as a care giver in hospitals both in Alberta and British Columbia. Because of her life work as a caregiver, the purpose of this scholarship is to allow health care workers to upgrade their skills and remain current in their professions, so that they can continue to offer the highest level of health care.

Please read the following carefully, to ensure that your application meets the requirements:

- Eligibility: Applicants must be a front-line health care provider who has worked within the Hospital for one (1) year. (Consideration may be given to those under one year.) A person is only eligible to receive one (1) scholarship from this fund once each fiscal year.
- The Scholarship will not reimburse for courses previously completed. Please ensure that your application is submitted to the Foundation well in advance of the start of your course.
- Value: The scholarship has a minimum value of \$200 and a maximum value of \$750.
- Conditions: Scholarships will be made for at least 50% of course registration fees. Travel and other expenses will not be considered. Fees will be reimbursed upon successful completion of the course. Scholarships will NOT be awarded for mandatory courses for licensing, remedial education, re-certification, or professional membership fees.
- Evaluation criteria: The applicant must demonstrate how the scholarship will enhance patient care at the Sturgeon Community Hospital. Courses for which scholarships are awarded must be applicable to services offered at the Sturgeon Community Hospital **and must apply to your current position at the Hospital.**
- Application procedure: Applications are available at each unit or from the Foundation office. Upon completion, application forms should be submitted to the Sturgeon Community Hospital Foundation office. Applications will be reviewed every three (3) months.

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Application Form

Name: _____ Unit/Department: _____

Home Address: _____

City: _____ Postal Code: _____

Phone: (W) _____ (H) _____

What is the educational opportunity being requested? _____

What amount are you seeking funding for? \$ _____

How will this course enhance patient care at the Sturgeon Community Hospital?

Has this submission received prior consideration from your immediate supervisor?
