



Victoria Hospital Foundation

Enriching the Heart of Northern Health Care

The Dr. M.Z. Hussain Memorial Education Scholarship Program

The Victoria Hospital Foundation is committed to supporting our healthcare professionals in our local region to upgrade their skills and further their education.

The RN & LPN Continuing Education Grant

A maximum grant amount of \$2,500 to cover registration fees and/or travel expenses for Saskatchewan Health Authority (SHA) RNs and LPNs working within our local community who wish to attend an educational opportunity to learn or advance their skills in order to improve care for patients in our community.

Allied Healthcare Professional Development Grant

A maximum grant amount of \$2,500 grant to cover registration fees and/or travel for a healthcare professional SHA employee working within our local community who wishes to attend an educational opportunity to learn or advance their skills in their area of expertise.

The Happy Staff/Happy Patients Grant

A maximum grant amount of \$1,000 for units/departments of the Victoria Hospital, Herb Bassett Home and Pineview Terrace who wish to fund a special initiative or team building exercise, minor renovations or equipment furniture for their unit: .

- *Applies to equipment or furniture that is not on, or may not be funded through the SHA capital equipment list. If donor funds are available in your unit's designated account, please access those funds for equipment/furniture.*
- *Minor renovations or improvements to patient or family rooms, waiting rooms or staff rooms.*
- *Team building events/exercises to enhance staff morale.*

The Mental Health Continuing Education Grant

A maximum grant amount of \$4,000 to cover registration fees and/or travel expenses for SHA staff of acute and community mental health addictions services including the Adult and Youth Inpatients/Outpatients Units, who wish to attend an educational opportunity to learn or advance their skills in order to improve care for mental health clients within our local community.

Applicants must include:

- Application form**
- Program/initiative information and description**
- Statement of professional goals and objectives and the benefits of this opportunity**
- Recommendation and approval letter from immediate supervisor stating applicant's work performance and how the opportunity will benefit our community and our patients.**

Victoria Hospital Foundation
PO Box 3000 1200 24th Street West
Prince Albert, SK S6V 5T4 www.helpthevic.ca Email: info@helpthevic.ca
Phone: (306)765-6105 Fax: (306)765-6120

Grant application deadline: 4:00 pm by March 31, 2023 *Incomplete and applications will not be considered*

Awards may be prorated and allocated to more than one applicant.

The Foundation has the option to choose alternate award categories.

A maximum of \$10,000 in grant funding will be awarded annually by the Victoria Hospital Foundation each spring.

The Dr. M.Z. Hussain Memorial Education Scholarship Application

Grant applied for (please check ONLY one):

RN & LPN Grant **Allied Professional Grant** **Happy Staff/Happy Patients Grant** **Mental Health Grant**

Name _____ Address _____

City _____ Postal code _____

Home phone _____ Work phone _____ Email _____

Current Position _____ Start Date ____/____/____

Department of SHA and location of employment:

Permanent full time Permanent part time Temporary full time/part time for a minimum of 12 months

Applicant works at least 50% of their time within Prince Albert and/or local region

Name of educational program: _____

Attach description of program, objects, and expected outcomes.

Total Cost of the Course / Classes / Program (please attach official cost documentation if available):

\$ _____

Total Amount requested from The Dr. M.Z. Hussain Memorial Education Scholarship Program

(not to exceed award maximum):

\$ _____

I understand that CRA requires the Foundation to issue a T4A. My SIN number is _____

Please ensure all required information in this application is complete and accurate.

Applicant signature _____ Date _____

Thank you to our donors for making these awards possible.

➤ Once your application form is complete you must submit it to your immediate supervisor.

➤ Your immediate supervisor will complete the remainder of the application and submit it to the Foundation office

Recommendation of immediate supervisor:

CONFIDENTIAL

Recommended Not recommended _____

Supervisor's Signature _____ Date _____

Please enclose letter of recommendation as outlined on the information sheet.

Awards Decision: Approved Not approved **Total awarded** \$ _____ **Date:** _____

Signature _____ Date _____