



# Delta Cedar Products Educational Fund Bursary

## Criteria & Guidelines

The Delta Cedar Products Educational Fund was established in 1995 through a generous donation of a \$250,000.00 endowment fund by the late Mr. Errol Wintemute. These funds will remain intact in perpetuity and the interest will be used for educational purposes.

## Objectives of the Fund

This fund supports educational programs for employees at the Delta Hospital Campus of Care to meet current and future health needs of the community. Further, this fund is available to provide educational opportunities through on-site in-service training programs.

## Primary Focus Areas

### Clinical Education

Funding will be made available to Nurses, Technologists, and Technicians.

### Support Services Education

Funding will be made available to employees and volunteers of Delta Hospital and Community Health Foundation (DHCH Foundation), employees of Delta Hospital's Housekeeping, Facilities Management, Administrative Office, and other support service areas.

### In-Service Training Programs

Funding will be made available to hire qualified speakers/trainers to provide in-service training programs on-site directly to Delta Hospital Campus staff. Proposals are accepted from all departments.

## Eligibility Requirements

- Have been employed at the Delta Hospital Campus for a minimum of one year
- Enrolment in a program benefiting the participant's current or future career goals at the Delta Hospital Campus
- Completion of the application and submission of all supplemental application documents
  - Void Cheque     Course payment receipts
  - Letter from direct manager outlining the benefits of this education to your role
- Agree to any publicity and recognition opportunities

## Reimbursement

This bursary is awarded through reimbursement. Upon receipt of written proof of successful completion of the program(s).

## Administration of the Fund

Applications are accepted two times throughout the year (Spring and Fall).

The Delta Cedar Products Educational Fund will be administered by a committee of DHCH Foundation staff and Board. DHCH Foundation will provide Delta Cedar Products Ltd. with an annual report on the use of the proceeds from this fund.



# Delta Cedar Products Educational Fund Bursary Application Form

Date of Application: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Last Name First Name(s)

Applicant's Address: \_\_\_\_\_  
Number Street  
City Province Postal Code

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

## Employment Information

Current Position: \_\_\_\_\_

Department: \_\_\_\_\_

Length of Service: \_\_\_\_\_ Employment Status: F/T  P/T  Casual

## Type of Program

Educational Conference  Seminar/Workshop  University/College Course  Training Program

Name of School: \_\_\_\_\_

Program Name: \_\_\_\_\_

Course(s) Title: \_\_\_\_\_

Summary: \_\_\_\_\_  
\_\_\_\_\_

Start Date(s): \_\_\_\_\_ Finish Date(s): \_\_\_\_\_

Course Cost: \$ \_\_\_\_\_

**What other sources of funding have you applied to?**

Delta Hospital Auxiliary     FHA Leadership and Learning     Other

**If other, please specify** \_\_\_\_\_

**Have you been approved by any other source?**     Yes     No

**List sources and amount:** \_\_\_\_\_

**Total amount you are requesting from the Delta Cedar Products Educational Fund:** \$ \_\_\_\_\_

**Course/Conference Details**

**Describe how your program will support your current or future career goals at Delta Hospital Campus of Care:**

**What goals/objectives will you be able to accomplish at the Delta Hospital Campus of Care with funding for this education course/program:**

**What are your career and educational objectives?**

**Please outline your ongoing commitment at the Delta Hospital Campus of Care if funding is approved.**

**Documents Attached Checklist:**

Completed Application Form     Letter from Manager     Void Cheque     Receipts

**Date:** \_\_\_\_\_    **Applicant's Signature:** \_\_\_\_\_

I agree to abide by the eligibility criteria and terms and conditions of the Delta Cedar Products Educational Funds.

I agree to publicity and recognition opportunities and to acknowledge Delta Cedar Products.

**Bursary Award Deadlines**

Applications are accepted throughout the year. Decisions are made in April and November of each year. All applicants will be notified in writing of the outcome of their request. Forward completed applications to: **Shari Barr, Annual Giving and Community Initiatives Manager, Delta Hospital and Community Health Foundation, 5800 Mountain View Blvd., Delta, B.C. V4K 3V6**