



**Royal Inland Hospital Foundation
Give and Grow Scholarship Awards
Staff Application Form**

Deadline: 4:00 pm on Friday, March 7, 2025

Please submit this completed form to kristy.buchner@interiorhealth.ca

Save a copy for your records. (SAVE before filling out to ensure PDF is not in VIEW mode.**)**

First Name:	Last Name:
Telephone (work):	Telephone (home or cell):
Home Address:	City, Province, Postal Code:
Email:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual (select one)
Position:	Department:
Employment Starting Date:	Manager or PPL Name:
Employee No:	Manager or PPL Email:

Are you a graduate of the TRU Nursing program? Yes No

I hereby grant permission to the Royal Inland Hospital Foundation Scholarship Committee to contact my supervisor to request further information about me if they see fit. If I am successful, I give permission for the Royal Inland Hospital Foundation to make public my award.

If you are awarded a scholarship, you may be expected to submit a short report following your course/program in order for us to evaluate the effectiveness of the scholarship program and show the value to our donors and staff in supporting this initiative. A template will be provided to the scholarship recipients.

Please submit your completed application electronically to: kristy.buchner@interiorhealth.ca

For questions or inquiries, please call Kristy Buchner, Royal Inland Hospital Foundation at: 250-314-2325. (Regular office hours are Monday – Friday, 8:30 - 4:30)



Course/Conference Information

Please complete all sections of the form

1. Name of Course, program, conference or activity: _____

Start and finish dates: _____ - _____ Location: _____

2. The specific learning objectives of the proposed course, program, or conference (bullet point acceptable). Please avoid use of acronyms throughout the application.

3. Provide a brief summary of your work experience and education background. Please include a short explanation of your role at RIH with examples of your main responsibilities and impact on patient care.



4. How do you imagine this course/program will enable you to contribute to patient care excellence at RIH in the future?

5. How will you benefit professionally from this course/program either in your current, or a future role at RIH? Please provide a minimum of 3 specific examples.

6. How will you share what you have learned with other members of your team? Please provide a minimum of 3 specific examples.



Budget & Financial Information

Amount being requested from RIH Foundation Education Fund (\$1,000 maximum): _____

Please fill in the following budget including conference registration, airfare, hotel, etc., and how these expenses will be paid. **Note: Expense and Revenue totals should match and all figures should be in Canadian dollars.**

Expenses	Revenues
Course/Conference Fees	RIH Foundation Scholarship
Airfare	IHA contribution
Accommodation	Union contribution
Meals	Personal contribution
Other: _____	Other: _____
Total: \$ _____	Total: \$ _____

7. a) Does your department and/or Union have a budget specifically for professional development?

Yes No

b) Have you pursued other sources of funding? Yes No

If you selected "Yes" to either 7a or 7b, please provide more details below.

8. Case for Support: Please use this area to tell us anything else that may assist in the evaluation of your application including financial need or other barriers that may otherwise prevent you from pursuing professional development without the assistance of this scholarship.



Thank you for completing the application for funding through the RIH Foundation Give and Grow Education Fund.

Please submit your completed application electronically to: kristy.buchner@interiorhealth.ca
no later than 4:00 pm on Friday, March 7, 2025.

*Late applications will not be reviewed by the committee.

*Please note you will get a confirmation email that we have received your application upon submission, if you do not receive this email please follow-up.