

St. Joseph's Healthcare Foundation's  
 Staff Education Grants Application  
 Supported in Part by Jeans for St. Joe's

**Eligibility:** Must be a permanent full-time or part-time employee, who has successfully completed his/her probationary period or equivalent hours (as per the Collective Agreement) at the time of the application review. **Temporary, contract, volunteers and students are not eligible to participate.** Staff with formally documented performance and/or attendance issues (unless educational event is part of remediation plan) will not be eligible to participate.

LAST NAME		FIRST NAME	
HOME ADDRESS			
CITY	PROV	POSTAL CODE	
HOME PHONE			
DEPARTMENT/UNIT		EXT	EMP. ID#
E-MAIL			EMP. TYPE

POSITION
Start Date at St. Joseph's Healthcare hospital (MONTH/YEAR)

<b>Deadlines for complete applications:</b>		
<input type="checkbox"/> <b>Spring:</b> March 1 <sup>st</sup> (courses running April-August)	<input type="checkbox"/> <b>Fall:</b> August 15 <sup>th</sup> (courses running September-December)	<input type="checkbox"/> <b>Winter:</b> November 15 <sup>th</sup> (courses running January – March)

Indicate your planned course(s) of study and cost of tuition.

COURSE NAME(S)	INSTITUTION	START DATE M/D/Y	FINISH DATE M/D/Y	COST <small>(Do not use commas if filling digital form)</small>
				\$
				\$
				\$
				\$
<b>TOTAL TUITION COST: \$</b>				

- Have you received grants from this fund previously? YES      NO      if yes, state month/year\_\_\_\_\_
- Have you applied for other funds/grants for this education? YES      NO

Describe the relevance of your planned course(s) to your career goals. Is this for a degree or certification?
<p style="text-align: center;">Please attach a photocopy of course content and tuition costs to this application.</p> <p style="text-align: center;"><b><u>DUE TO THE VOLUME OF REQUESTS, ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.</u></b></p>

<b>ADMINISTRATIVE USE ONLY</b>	
Approval Signature: _____	Funding from: Foundation <input type="checkbox"/> Sisters <input type="checkbox"/>

St. Joseph's Healthcare Foundation and the St. Joseph's Health System are proud to award funds to St. Joseph's Healthcare Hamilton hospital employees, in keeping with our mission to provide education opportunities for staff so that they may enhance their knowledge and skills.

**CHECKLIST FOR SUCCESS:**

- Application is **complete** with all information and requirements included
- Minimum employment of 6 months at St. Joseph's Healthcare Hamilton hospital
- Complete information entered legibly on Page One of application
- Course Content is included: a print-out of course outline/ description of topics covered in course
- Tuition Costs from the institution are included, if current costs are unavailable, submit tuition costs from previous year
- Applicant's and Hospital Manager's/Director's Signature (or acting Manager, if your Manager is not available by the deadline date), and dated
- Keep a copy of all the submitted documents for your own records

**Upon approval, reimbursement will be processed once the Foundation receives:**

- Receipt or proof of payment from institution
- Proof of course completion from institution

Proof of payment can be submitted with the application before the deadline date or at a later date when it has been purchased. Once received, cheque requests will be sent to payroll for processing\*

**Criteria for Applicants ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED**

1. Applications must be submitted **prior** to taking the course. Applications for previous semesters or courses taken outside of the submission period are not permitted. For example, Spring submission deadline (March 1<sup>st</sup>) for courses taken from January-March, would not be accepted.
2. Courses must be taken at a recognized educational institution, high school, community college, university, or other approved institutions for continuing education.
3. Only applications for tuition of **courses** are accepted. For example, **exams** and **books** are not permitted.
4. Education content must be applicable to St. Joseph's Healthcare, and authorized by hospital department Manager/Director.
5. Staff is eligible for reimbursement of 50% of tuition cost, to a **maximum** total of \$1,000 in grants per fiscal year (April 1 to March 31). Award amounts subject to funding availability.

**Submit applications, receipts and proof of completion to:**

St. Joseph's Healthcare Foundation · 224 James St. S. Hamilton, ON L8P 3A9 · [info@stjoesfoundation.ca](mailto:info@stjoesfoundation.ca) · Ext. 36036 · Fax: (905) 577-0860

\_\_\_\_\_/\_\_\_\_\_  
**Applicant Signature**                      **Date**

(Please print full name clearly if not signed with Digital Signature)

\_\_\_\_\_/\_\_\_\_\_  
**Hospital Manager/Director**                      **Date**

(Please print full name clearly if not signed with Digital Signature)

**\*Note: For Foundation reimbursement**, the Payroll Department processes your award amount on a line separate from your income amount. You should see an amount listed as "education award" on your pay stub. Please be advised that these awards are considered taxable by your employer and any tuition tax receipts received by the educational institution will be applied against this tax and therefore reimbursed when filing your return.

**For questions concerning criteria for application, review process, or other education funding opportunities, contact Organizational Development at Ext. 36391**