



**VIHA SCHOLARSHIP PROGRAM**  
**Staff Support for Educational Program: Request Form**

**PLEASE DO NOT INCLUDE RECEIPTS  
WITH THIS APPLICATION**

<b>OFFICE USE ONLY</b>
Date Received:
Acknowledgement Letter Sent:
Late Application Letter Sent:

**Applicant's Responsibilities**

- **Submit completed form with all signatures by June 1 to:**  
 THE VIHA SCHOLARSHIP COMMITTEE, Learning & Events (V&R) Dept., Queen Alexandra Centre, 2400 Arbutus Rd., Victoria BC. V8N 1V7. Fax: (250) 519-6924
- Applications received after June 1 will automatically be included in next cycle
- Commitment of a minimum one year of service with VIHA

**Print Clearly**

Name of applicant : \_\_\_\_\_ Current position: \_\_\_\_\_

Employee number: \_\_\_\_\_ Unit/dept: \_\_\_\_\_

Site location: \_\_\_\_\_ Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Home Address: (incl. postal code): \_\_\_\_\_

**Are you:**  FT  PT  Casual  An employed student nurse      What are your seniority hours? \_\_\_\_\_

A graduate of RJH School of Nursing      RJH Grad Year: \_\_\_\_\_

Aboriginal:  First Nations  Métis  Inuit  Other: \_\_\_\_\_ (To be eligible for a VIHA Aboriginal scholarship, please attach proof of Aboriginal Ancestry)

Have you applied for or received financial assistance for the course/program listed below from other sources in VIHA? \_\_\_\_\_

**PROGRAM INFORMATION**

Education Program Title: \_\_\_\_\_

Education Program: (check one)       Cert/Diploma       Bachelors       Masters       PhD.       Other

Educational Institution (Name): \_\_\_\_\_       University       College       Other

Length of Program: \_\_\_\_\_      Tuition Fees: \$ \_\_\_\_\_ per year      \$ \_\_\_\_\_ per course

Reasons for Selecting the Program:  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicability to Current Position:  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicability to Potential Position with VIHA  
 \_\_\_\_\_  
 \_\_\_\_\_

Time off from work required to pursue the above program in days: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_      Date: \_\_\_\_\_

**OBTAIN ALL SIGNATURES  
REQUIRED ON PAGE 2**

**NOTE: Applicants must obtain all appropriate signatures directly from signatories.  
Print Clearly**

I support this application

I do not support this application

Comments/Reason:

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Immediate Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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I support this application

I do not support this application

Comments/Reason:

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Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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I support this application

I do not support this application

Comments/Reason:

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Regional Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**To avoid delay with this application  
please note:**

- **Do not include any receipts with this application**
- **Ensure appropriate signatures**
- **Scholarships are awarded once a year per employee**