



EDUCATIONAL ASSISTANCE AWARD
Staff & Hospital Volunteer Application Guidelines
DEADLINE: Friday, April 26th, 2024, at 4 pm

Purpose

To assist Muskoka Algonquin Healthcare (MAHC) employees and volunteers at the South Muskoka Memorial Hospital site in pursuing a program or course leading to an additional accreditation to enhance their employment or volunteer opportunities at the South Muskoka Hospital. Awards will be distributed at the South Muskoka Hospital Foundation Annual General Meeting (AGM) in June of each year.

Criteria for Selection of Candidates

1. The applicant must be a permanent part-time or full-time staff member who has been employed for at least one full year by the date of application deadline or has volunteered at the South Muskoka Hospital for a minimum of 5 years by the date of application.
2. The applicant must be pursuing studies at a recognized post-secondary institution in a program or course that relates directly to positions within South Muskoka Hospital.
3. Many factors may be used to determine the successful candidate, such as his/her contribution to the work atmosphere, personal qualities, academic achievement, the candidate's commitment to MAHC and participation in community activities.
4. Letters of support and/or references are required. (3 current)

Selection Process

The South Muskoka Hospital Foundation (SMHF) Board of Directors will appoint an Awards Committee each year and the Committee will make recommendations to the Board of Directors for final selection approval. Candidates will be evaluated anonymously against a pre-designed scoring format as approved by the current Awards Committee.

Award Value

The number and value of awards awarded each year will be at the discretion of the SMHF Board of Directors with recommendations from the Awards Committee and will be reviewed each year. The minimum value of an individual award will be \$500, and the maximum will be \$2,000.

Award Presentation

Successful candidates will be contacted and invited to attend the Board of Directors AGM. From the date of application, the recipient has twelve (12) months to submit proof of enrolment and payment at an applicable program at which time the SMHF Foundation will prepare and deliver a cheque for the awarded amount.

Application Deadline

Applications must be received by the South Muskoka Hospital Foundation by 4 pm on Friday, April 26th, 2024. Forward all applications and inquiries to:

Hadley Priest, Fundraising Coordinator
75 Ann St. Bracebridge, Ontario P1L 2E4
T: 705 645 4404 ext 3189
E: Hadley.priest@mahc.ca



EDUCATIONAL ASSISTANCE AWARDS 2024
Staff Application Form

Deadline: Friday, April 26th, 2024, at 4 pm

Please complete the following. Additional pages may be attached if required.

General Contact Information

Applicant First and Last Name:	
Telephone Number:	
Email Address:	
Address:	
Position & Department:	
Manager/Supervisor Name and Phone Extension:	
Manager Supervisor Signature:	

☐ I hereby grant permission to the SMHF Awards Committee to contact my supervisor to request further information about me if they see fit. If I am successful, I give permission for the SMHF to make public my award.

☐ I agree to permit the SMHF and any persons authorized by it to take and produce photographs. I understand that the above may appear in newspapers, websites, newsletters, radio, social media or other Foundation initiatives. I further agree that the SMHF may use, publish, copyright, sell and otherwise deal with any of the reproductions for (i) educational purposes, (ii) advertising purposes, and (iii) any other use which in its discretion sees fit.

Signature: _____

Date: _____

Academic Information

Expected Post-Secondary School:	
Program of Study:	
Start Date:	
Program Cost:	

Volunteering (If applicable)

What volunteering (unpaid) have you done?

Leadership

How have you demonstrated leadership or contributed to a positive work environment?

Essay

How will the program of study enhance your employment/volunteer at MAHC? Why do you think you should receive an educational assistance award?

Please attach three current letters of support.

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W: healthmuskoka.ca