

CANTON-POTSDAM HOSPITAL GUILD CONTINUING EDUCATION AWARD

Award Details:

- A total of \$4,000 is available to be awarded each year
- Deadline to apply is September 1, 2019
- Awardees will be notified shortly after September 1, 2019
- Awards will be considered for continuing education expenses incurred between June 1, 2019 and May 31, 2020

Eligibility: To receive an award.....

- You must be employed by Canton-Potsdam Hospital for at least one year prior to the date of your application.
- You must be employed as a 40% FTE or more
- The training/education you are requesting the award for must be related to job service/career advancement at Canton-Potsdam Hospital
- The Award will be paid upon proof of enrollment
- Any individual award of more than \$500 will be divided into 2 payments, with the second payment awarded only after proof of education completion is submitted to the Canton-Potsdam Hospital Guild
- If you forfeit any part of the Award (by not completing the education), the balance shall be returned to the Canton-Potsdam Hospital Guild
- Proof of completion of your training/education is required
- You must return documentation of completion to Canton-Potsdam Hospital Guild, PO Box 5184, Potsdam, NY 13676

Application Procedure:

- Application forms may be obtained from the CPH Foundation Office
- **Mail** completed application to **Canton-Potsdam Hospital Guild**, PO Box 5184, Potsdam, NY 13676, by September 1
- One written character reference from a person **other than a relative**, and one reference from your Supervisor at Canton-Potsdam Hospital, must accompany your application

August 2018

**APPLICATION FOR CONTINUING EDUCATION AWARD
BY THE CANTON-POTSDAM HOSPITAL GUILD**

Applicant's Name: _____

Applicant's Address: _____

Phone No: _____ Email: _____

Department Working in: _____

Job Title: _____ Years Employed: _____

In continuing your education, what do you hope to achieve?

Explain what training/education you are seeking and how it related to your job or job advancement:

What is the cost of the education/workshop/conference? _____

Applicant's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

PLEASE INCLUDE ONE (1) PERSONAL (non-family member) AND ONE (1) SUPERVISOR REFERENCE WITH THIS APPLICATION.

APPLICANT MUST SEND COPY OF CERTIFICATE/TRANSCRIPT/PROOF OF ENROLLMENT, and include course description, date of course, and fee.

ANY AWARD OVER \$500 WILL BE AWARDED IN TWO PAYMENTS. FIRST PAID UPON PROOF OF ENROLLMENT, SECOND AWARDED AFTER PROOF OF COMPLETION IS SUBMITTED.

All Forms and Application must be returned to:
Canton-Potsdam Hospital Guild Award Committee
P.O. Box 5184, Potsdam, NY 13676 OR
Email to: cphguild.scholarshipcommittee@gmail.com