

**Kronier Family Education Fund – Certification/Diploma, Bachelor, Master or Doctorate Degree \$1000 Scholarship Application:**

**Please complete all sections.**

Date of Request:		Name of Post-Secondary Institution:			
Applicant's Name:		Name of Program:			
Year started with VCH:		Employment Status:	Casual <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Full-Time <input type="checkbox"/>
Current Position Title:		Level of Study:	<input type="checkbox"/> Certificate <input type="checkbox"/> Post-Basic Certificate Undergraduate Degree <input type="checkbox"/> Diploma Programs <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____		
Applicant Email:		Received Funds in last 3 years?	From the Kronier Family Education Fund	From other VCH sources	From sources external to VCH
			<b>Y</b> <b>N</b>	<b>Y</b> <b>N</b>	<b>Y</b> <b>N</b>

**Section 1: In approximately 1000 words please describe how your education and/or research aligns with the VCH True North Goals and Strategic Priorities, the anticipated impact to patient care and your plan for knowledge sharing with other members of the health care team**

- Please use a separate sheet of paper for an essay

**Section 2: Please include with your application:**

- Confirmation of Payment
- Information pertaining to the education opportunity, if available, should be submitted with the application

**Application Funding Breakdown**

Tuition Cost (\$): \_\_\_\_\_

Manager Approval (Name, Initials, Date)	I have received or requested funding from:  1. _____ \$ _____ 2. _____ \$ _____ 3. _____ \$ _____ 4. _____ \$ _____ 5. _____ \$ _____
Director Approval (Name, Initials, Date)	
Committee Approval (Initials, Date)	

**PLEASE SUBMIT APPLICATION BEFORE MARCH 15<sup>th</sup> TO [RICHMONDEDUCATION@VCH.CA](mailto:RICHMONDEDUCATION@VCH.CA)**