



BURSARY APPLICATION & RETURN FOR SERVICE AGREEMENT

BURSARY PROGRAM INFORMATION

SCHR is accepting bursary applications from students enrolled full-time in the current academic year in programs listed below:

- | | | |
|------------------------------|---------------------------------|---|
| Registered Nurse | Occupational Therapy (Masters) | Electrician* |
| Registered Psychiatric Nurse | Physical Therapy *(Masters) | Plumber* |
| Nurse Practitioner | Speech Language Pathologist | Accountant |
| Pharmacist | Medical Lab Technologist* | Ultrasound Technician |
| Primary Care Paramedic | Medical Radiation Technologist* | Health Information Management Practitioner* |
| Advanced Care Paramedic | Combined Lab/Xray Technologist* | |

Students registered in eligible programs above may apply for one (1) educational bursary per fulltime academic year. New SCHR employees who have completed the Emergency Medical Responder (EMR) program and are currently working as an EMR for SCHR are eligible for a one-time \$1000.00 bursary.

Bursaries are awarded through a selection process. Not all applications are approved.

Bursary applicants are required to provide a Return in Service (RIS) to Sun Country Health Region (SCHR) if awarded bursary funds. Return in Service is per the terms on pages 3-4 of this document.

Bursary funds are considered taxable income and are issued in Canadian currency.

*Those who are current SCHR employees and eligible for CUPE Employment Strategy funding must first apply to the CUPE Employment Strategy Funding (duplicate funding not permitted). Details at <http://www.pescsahocupe.com/>.

How Did You Hear About the SCHR Bursary Program?

- | | |
|---|--|
| <input type="checkbox"/> College/University- specify: _____ | <input type="checkbox"/> SCHR website |
| <input type="checkbox"/> Practicum at SCHR | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Career Fair- specify: _____ | <input type="checkbox"/> Other- specify: _____ |
| <input type="checkbox"/> Referral- specify: _____ | |

APPLICANT INFORMATION

Name:	Phone:
Address:	Email:
City/Town, Province:	Date of Birth (mm/dd/yyyy):
Postal Code:	Social Insurance Number:

GENERAL INFORMATION

- | | |
|--|--|
| Are you a current or former resident of a community within the Sun Country Health Region ? Specify community and dates of residence if yes: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a current employee of Sun Country Health Region? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you previously applied for a Sun Country Health Region Bursary? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you previously been awarded a Sun Country Health Region Bursary? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you received or applied for funding from any other source for this program? If yes, list: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sun Country Health Region is committed to building opportunities for full participation by Aboriginal people in health-related occupations. Responding to the following question is strictly voluntary. Do you consider yourself to be Aboriginal? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



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EDUCATION PROGRAM

Program Name*	Educational Institution	Expected Professional Designation (ie: RN/NP)	Program Start Date (first year) mm/yyyy	Program End Date (final year) mm/yyyy

*You must attach an OFFICIAL "Confirmation of Enrollment/Registration" for your current full-time academic year of study to your application. Applications without this document are void and will not be considered. Contact your school's registrar office to request this document. Tuition receipts & class schedules are not acceptable.

STATEMENT OF INTENT

Please use the space below to provide a brief description of why you are interested in and should receive a SCHR bursary, including your career goals.

PREFERENCES

Please indicate if you have a preference to work in a specific location(s) of the Sun Country Health Region. SCHR will attempt to facilitate employment in your preferred location(s) keeping within the Return In Service terms on pages 3-4 below, but cannot guarantee this. See http://www.suncountry.sk.ca/map/findex/menu_id/94 for more info on locations.

1. _____ 2. _____ 3. _____ 4. _____

RETURN IN SERVICE TERMS & AGREEMENT

Recipients of bursary funds from Sun Country Health Region (SCHR) must provide SCHR a Return in Service (RIS) of one (1) year full-time equivalent work per \$2,500 awarded, to be served consecutively in an SCHR approved location(s). Unless otherwise agreed to in writing by the SCHR bursary administrator, Return in Service terms include:

- a) "full-time" is equivalent to 1944 hours of work, exclusive of all paid or unpaid leaves and overtime hours;
- b) "work" must be in the expected professional designation (as listed on page 1 of the bursary application);
- c) "work" with SCHR is not guaranteed- the bursary recipient must be the successful applicant into a vacant position(s) in an approved location to fulfill the RIS;
- d) "approved location" (community, facility and department) will be determined by SCHR upon completion of the education program and is dependent upon Regional hiring needs and priorities;
- e) approval of a bursary application does not infer that the location preference(s) listed on this or a prior bursary application are an "SCHR approved location";
- f) hours worked in only a casual/relief position(s) in an SCHR approved location will not contribute towards completion of the RIS, but hours from casual/relief position will contribute towards completion of the RIS if a part-time position in an approved location is also held concurrently;
- g) requests to pause and resume a RIS due to a temporary leave will be assessed on an individual basis;
- h) It is the bursary recipient's responsibility to:
 - o contact the SCHR bursary administrator to begin ongoing discussion regarding approved locations, job opportunities and the RIS at least 30 days prior to the program end date;
 - o begin serving the RIS in the approved location(s) within 60 days after the program end date;
 - o complete the RIS hours within 18 months of the program end date for a 1 year RIS, or within 30 months for a 2 year RIS, or 42 months for a 3 year RIS;
 - o notify the SCHR bursary administrator if he/she goes on leave from, transfers out of, or voluntarily/involuntarily terminates employment in an approved location prior to fulfilling the RIS (notice to be provided to administrator within 5 business days of confirmation of the leave, transfer or termination);
- i) RIS commitment to SCHR for SCHR bursary program funding are in addition to RIS commitments to SCHR for funds awarded outside of the SCHR bursary program re to be served consecutively;
- j) the terms of this "Bursary Application and Return for Service Agreement" supersede the terms of any previously signed "Bursary Application and Return for Service Agreement";
- k) if the bursary recipient does not fulfill the terms of the RIS agreement, he/she is responsible to repay bursary funds on a pro-rated basis based on the length of RIS commitment remaining. Accumulated interest of 1% per month will apply to the repayment amount if not paid in full within 30 days of the invoice date;
- l) related terms not expressly stated in this agreement will be negotiated in good faith by both parties.

Please select one of the following (one application per fulltime academic year permitted):

- 1st application - \$2,500 for a total of \$2,500 = 1 year RIS (1944 hours)
- 2nd application - \$2,500 for a total of \$5,000 = 2 year RIS (3888 hours)
- 3rd application - \$2,500 for a total of \$7,500 = 3 year RIS (5832 hours)
- 4th application - \$2,500 for a total of \$10,000 = 4 year RIS (7776 hours)
- Current SCHR EMR - \$1,000.00 = 1 year RIS

In consideration of the total cumulative sum of \$_____ paid to me by the Sun Country Health Region, I agree to provide the corresponding Return in Service to SCHR as per the selection and terms above. I hereby certify by signature below that I understand and agree to the terms of the Return for Service and that all statements made in this application are true and complete to the best of my knowledge and belief.

Signature of Applicant

Date (mm/dd/yyyy)

SUBMISSION OF APPLICATION

Before submitting your application to jobs@schr.sk.ca, please ensure you have completed all sections and have attached your official "Confirmation of Enrolment".