



BURSARY APPLICATION & RETURN FOR SERVICE AGREEMENT (GENERAL)

1. PERSONAL DATA			GENERAL INFORMATION	
Surname	First Name	Middle	Are you a current employee of Sun Country Health Region? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Address Street/Box			Have you previously applied for a Sun Country Health Region Bursary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City/Town		Postal Code		
Home phone		Other	Have you previously been awarded a Sun Country Health Region Bursary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Insurance Number (SIN#):		Date of Birth (mm/dd/yy):		

Sun Country Health Region is committed to building opportunities for full participation by Aboriginal people in health-related occupations. Responding to the question below is strictly voluntary.

Do you consider yourself to be Aboriginal? Yes No

2. EDUCATIONAL PROGRAM (for which you are requesting bursary assistance)			
Program Name	Educational Institute/Facility Delivering Program	Program Start Date	Final Completion Date
**Please attach confirmation of enrollment in the program – NOTE receipts of tuition fees are not acceptable proof of enrollment.			

Please specify what your expected professional designation will be upon successful completion of program:

3. RETURN IN SERVICE

Bursary recipients are required to sign a formal agreement to work in Sun Country Health Region (SCHR).

SCHR is accepting bursary applications from students in programs for hard to recruit professions (see <http://www.suncountry.sk.ca/general/143/schr-education-bursaries.html> for eligible hard to recruit professions).

Placements will be determined by vacancies in the Health Region. Please indicate if you have a preference to work in a specific location or area of the Region (see "Facilities" at www.suncountry.sk.ca to view SCHR sites). Sun Country Health Region will attempt to place you in your preferred location but can not guarantee this. Applicants will be required to repay bursary funds on a prorated basis if the Return in Service is not completed in the location specified by SCHR.

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

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief.	Mail Completed Form To: Human Resource Department Sun Country Health Region PO Box 2003 Weyburn SK S4H 2Z9 Tel: (306) 842-8320 Fax: (306) 842-8740
_____ Signature of Applicant	_____ Date



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- Bursaries are considered taxable income
- All bursaries will be issued in Canadian funds

As a recipient of funding provided through the Sun Country Health Region (SCHR) Bursary Program, I agree to a return in service in a location specified by SCHR for a period of up to two years.

Students enrolled in four or more year health care programs related to a hard to recruit profession are eligible to apply for up to \$5,000.00 per student year (maximum \$20,000 over 4 years) with a maximum 2 years return in service (full time equivalent). Please complete the following:

- 1st application - \$5,000 = 1 year return in service
- 2nd application - \$5,000 for a total of \$10,000 = 2 years return in service
- 3rd application - \$5,000 for a total of \$15,000 = maximum 2 years return in service
- 4th application - \$5,000 for a total of \$20,000 = maximum 2 years return in service

Students enrolled in two-year health care programs related to a hard to recruit profession are eligible to apply for up to \$5,000 per student year, with a maximum \$10,000 and a maximum 2 years return in service (full time equivalent).

- 1st application - \$5,000 = 1 year return in service
- 2nd application - \$5,000 for a total of \$10,000 = 2 years return in service

New SCHR employees as of October 1, 2014 who have completed the EMR program and are currently working as an EMR for SCHR are eligible for a one-time \$1000.00 bursary.

- EMR - \$1,000.00 = 6 month return in service

In consideration of the cumulative sum of \$ _____ paid to me by the Sun Country Health Region I agree to work in a location specified by the Sun Country Health Region for the period of _____ year(s). The terms of this agreement would commence on the date that the educational program is completed. I agree to be available for up to full time work for the term of this contract. In the event I do not employ with the Sun Country Health Region, employ or transfer to a non-approved site, or voluntarily/involuntarily terminate prior to fulfilling my commitment, I agree to repay the amount received on a pro-rated basis based on the length of service commitment remaining. I acknowledge that accumulated interest of 1% per month will apply to the repayment amount if not paid in full within 30 days of the invoice date.

Applicant's Signature

Date