

Massena Memorial Hospital Foundation
EMPLOYEE EDUCATIONAL GRANT PROGRAM

PROGRAM GOAL

To award monetary grants to individual employees and department managers of Massena Memorial Hospital who wish to pursue medical or other educational opportunities which focus on enhancing personal skills or opening up additional or new career opportunities.

PROGRAM

Employee Educational Grants will be awarded every six months to employees and department managers who wish to pursue medical or other educational opportunities. Grants may be used toward any related tuition, course, seminar, or material(s) (videotapes, CD-ROMs, magazine subscriptions) that enhance individual skills or facilitate additional or new career opportunities. As such, grants can be applied to *any skills related education* and do not have to be restricted to the primary job-specialty of the applicant(s). Grants may not be used to offset travel, lodging, or meal costs.

GRANTS

Grants are to be requested and awarded specific to the cost or fees associated with the educational activity or materials. The current maximum grant that can be awarded is designated as follows:

- \$250.00 Individual Grant Award
- \$400.00 Corporate Grant Award

Grants awarded for the purpose of fees / costs associated with tuition, courses, seminars, and/or other attendance related activities will be awarded in the following manner:

- 50% prior to the start date of the educational activity.
- 50% upon receipt of a letter or certificate of completion from the activity host.

Grants awarded for the purpose of fees / costs associated with purchase of educational materials will be awarded for 100% of the expected cost or an amount not to exceed the individual or corporate grant award. Checks will be made out to the suppliers of such items. Invoices or quotes for such items must accompany the grant application.

ELIGIBILITY

Individual Grant Awards:

- Any *non-salaried* full or part-time employee with a minimum of one-year of employment
- Full or part-time *salaried* employees (*excluding department managers*) with a minimum of one-year of employment.
- Per-diem, contract, or employees who have submitted termination or retirement notifications are ineligible.
- Applicants must be in good standing.
- Recipients who have received an Individual Grant Award within the last *two-years* are not eligible.

Corporate Grant Awards:

- Corporate Grant Awards can only be requested by Department Managers / Directors
- Departments who have received a Corporate Grant Award within the last two-years are not eligible.

SELECTION

All applicants will be reviewed and approved by a committee consisting of at least (1) representative from each of the following bodies:

- MMH Foundation
- MMH Department Managers
- CSEA Employee Union
- NYSNA Employee Union

Grant applicants may not take part in the review and approval process.

All applications will be judged and awarded based upon the quality of the applicant's proposal

The applicant's future plans are considered, specifically the applicants ability to communicate how the proposed education will enhance personal skills or open up additional or new career opportunities.

Department managers / directors applying for Corporate Grant Awards must be able to demonstrate how the award will be used to enhance overall department skills / knowledge as they relate to department members as a whole.

INSTRUCTIONS

Grant applications will be available *no later than* the first working day of December and May of each calendar year.

When completing the application:

- The applicant must include a summary of the proposed educational opportunity or material including expected fees / costs.
- The applicant must summarize their future career goals / plans.
- The applicant must summarize how the educational opportunity or material will help them advance or accomplish their career or educational goals / plans.
- Applications must be printed or typed. The original plus one copy of any support material (seminar flier, course description, sales quote, invoice etc...) must be attached.
- Grant recipients will be required to submit a one-page summary of their training experience within one month of completion or receipt.

SUBMISSIONS

Send the ORIGINAL and any copies of support material to:

Massena Memorial Hospital Foundation
C/o Employee Educational Fund
1 Hospital Drive
Massena NY 13662

DEADLINES

Completed grant applications must be received by February 15th and July 15th of each calendar year.

Absolutely no applications will be accepted after the deadlines.

You will receive a letter acknowledging receipt of your application no later than the 1st day of the month following application submission.

AWARD NOTIFICATION

Awards will be announced on the *first working day* of March and August of each calendar year.

Grant recipients will receive notification of reward in writing.

Grant recipients must consent to the use of their name and picture for public relation purposes.

MASSENA MEMORIAL HOSPITAL FOUNDATION
Employee Education Fund Individual Grant Application

I. TO BE COMPLETED BY THE GRANT APPLICANT:

A. General Information

Applicant's Name Full Time Part Time

Department / Workcenter Work Phone

Job Title Date of Hire

Home Address

B. Educational Activity Information

Tuition Conference / Seminar Study Course Computer Based

Videotape CD-ROM / DVD Textbook / Magazine

OTHER: _____

Summarize Nature and Scope of Educational Activity:

Provide Information About Educational Agency / Supplier:

Name of Educational Agency / Supplier Phone

Street Address Fax Number

City State Zip Code email or website

Name of Course or Product Description*

Reference or Catalog Number Cost (*Maximum Grant Award \$250.00*)

***A copy of any supporting material (seminar brochure, course description, sales quote, invoice...) from the Educational Agency / Supplier must be attached to this grant application.**

MASSENA MEMORIAL HOSPITAL FOUNDATION
Employee Education Fund Individual Grant Application

C. What are Your Future Career or Educational Goals? *(Do not exceed allocated space.)*

D. How will this Training Activity Advance These Goals? *(Do not exceed allocated space.)*

E. Applicant Attestation:

By applying for this grant I attest that I meet all the eligibility requirements as established. I understand that should I be awarded this grant, I am consenting to the use of my name and likeness for public relation purposes. I further understand that I must submit a one-page summary of my training experience within one month of completion of the proposed educational activity.

Applicants Signature

Date

II. TO BE COMPLETED BY THE APPLICANT'S DEPARTMENT DIRECTOR:

A. Is applicant a full or part time employee of MMH with at least one year of employment? () Yes () No

B. Is applicant in good standing and not under probation or other disciplinary actions? () Yes () No

C. Has applicant forwarded notification of any pending retirement or termination? () Yes () No

Department Director's Signature

Date

GRANT SUBMISSION DEADLINES
MUST BE RECEIVED BY February 15 & July 15

MASSENA MEMORIAL HOSPITAL FOUNDATION
Employee Education Fund Corporate Grant Application

I. TO BE COMPLETED BY THE GRANT APPLICANT:

A. General Information

Applicant's Name

Work Phone

Department / Workcenter

Number of Employees

B. Educational Activity Information

Summarize Nature and Scope of Proposed Educational Activity:

Provide Information About Educational Agency / Supplier:

Name of Educational Agency / Supplier

Phone

Street Address

Fax Number

City State Zip Code

email or website

Name of Course or Product Description*

Reference or Catalog Number

Cost (*Maximum Grant Award \$400.00*)

***A copy of any supporting material (seminar brochure, course description, sales quote, invoice...) from the Educational Agency / Supplier must be attached to this grant application.**

MASSENA MEMORIAL HOSPITAL FOUNDATION
Employee Education Fund Corporate Grant Application

C. What are your Departmental Educational Goals for this Request? *(Do not exceed allocated space.)*

D. How will this Educational Activity / Item Advance These Goals? *(Do not exceed allocated space.)*

E. Applicant Attestation:

This application is submitted for the sole purpose of department based medical education. I understand that should I be awarded this grant, I am consenting to the use of my name and likeness for public relation purposes. I further understand that I must submit a one-page summary of my department's training experience within one month of completion of the proposed educational activity.

Applicants Signature

Date

GRANT SUBMISSION DEADLINES
MUST BE RECEIVED BY February 15 & July 15