

WhidbeyHealth Foundation Scholarship Application Form

Any current WhidbeyHealth employee who has been employed one continuous year and has a "meets expectations" or better job rating is eligible to apply. Training must contribute to:

- *Improved quality of service to the patient and/or the patient's family*
- *Certification or advanced credential accreditation related to the health care profession or*
- *Improved efficiency of one or more essential WH operational, administrative or leadership processes*

Employee name:	Department(s) you work in:
Job Title	Direct supervisor:
Degree, certification, credential or skill set to be attained:	Personal Cell Phone

Professional Development Program to be attended

Funding will be used for (specify conference/class/training program title):	Institution or professional organization offering training:
Funding Requested - tuition/fees and materials/books: \$ _____ Estimated travel/accommodation/meal expenses, if any: \$ _____ <div style="text-align: right;">Total: \$ _____</div>	Training/Program timeframe - date(s) or quarter:

Required Attachments

<ul style="list-style-type: none"> • Employee statement of how training will enhance skills, service quality, efficiency, and/or productivity. • Class/training announcement from institution or professional organization offering training • Verification of one year of continuous employment by Human Resources.

Employee Signature

Upon completion of the training requested I agree to:	
<ul style="list-style-type: none"> • Submit an assessment of the quality and relevance of the training/education program and • Submit an accounting of scholarship monies spent. 	
Employee Signature	Date

Department Manager Support

With my signature below, I confirm the following:	
<ul style="list-style-type: none"> • This employee works in a department I supervise. • This employee's performance rating is "meets expectations" or better; no disciplinary issues are pending • I support this employee's scholarship application. 	
Department Manager Signature:	Date
Print name:	Title

Foundation Action

Scholarship Awarded Yes No Committee Chair Initials _____