

2008
AVMF Medical and Health Related Education Scholarships

GUIDELINES and APPLICATION
for
AVH DEPARTMENTAL REQUESTS
(FOR MORE THAN ONE PERSON APPLYING)

The Aspen Valley Medical Foundation offers an extensive scholarship program for AVH employees and AVH departments. The scholarship program provides assistance with tuition and other appropriate related expenses for conferences, workshops, seminars and trainings. A formal application process is detailed in these guidelines.

2008 Application Deadlines

- Tuesday, January 22, 2008 3:00 p.m.
- Tuesday, April 15, 2008 3:00 p.m.
- Tuesday, July 15, 2008 3:00 p.m.
- Tuesday, November 11, 2008 3:00 p.m.

Important Notes

- Scholarship requests for reimbursement funding for retroactive courses will not be considered. Please plan your application submission accordingly with our deadlines.
- Please complete, in full, the attached application form and submit it prior to the deadline.
- You or a representative of your department may or may not be asked to interview with the committee as part of your application process, but you should be prepared for the possibility.
- Deadlines are strictly adhered to. Applications received in the Foundation office after the timed deadline will not be considered. *Applicants are highly advised not to leave applications with hospital personnel. AVMF will not be held responsible for applications not received directly and/or received late. No exceptions.*
- Funding is based upon the measurable benefit to AVH and its patient care. The amount of funds awarded will be determined by the AVMF Education Committee, comprised of AVMF board members, who will review all applications and make final decisions.
- All applicants will be notified in writing of the committee's decision within three weeks following the deadline. Information regarding status of applications will not be available by phone.
- Award checks are made payable to AVH, per guidelines set in place between AVMF and AVH. Applicant will coordinate with AVH Finance Dept.

APPLICATION INSTRUCTIONS

Please read this section carefully. All instructions must be followed in order to avoid disqualification. No application will be considered without the required attachments and signatures.

1. Entire application must be completed in full and be typewritten or **printed** legibly in ink. Higher consideration will be given to typewritten applications. Feel free to scan the attached application into your own word processing program, or retype the entire application form. However, the format we've outlined may not be altered.
2. Submit your original, fully completed, one-sided application in full, on 8-1/2" x 11" paper only, with original, executed signatures and attachments (8-1/2" x 11" only). Please use only a paperclip or binder clip to bind your application to all attachments; do not staple; do not submit in any other format. Do not submit a photocopy of your application. We recommend you keep for yourself a photocopy of your entire application and attachments.
3. For students enrolled in workshops/conferences/seminars, please include a clean, legible, single-sided, 8-1/2"x11" photocopy of educational brochure (multiple pages are acceptable, provided entire set is one-sided).
4. All signatures and attachments must be included when you submit your application package. AVMF will not accept separate documents or signatures after application has been received. Documents arriving without the application will not be considered.
5. If you would like AVMF to acknowledge receipt of your application, or if you have any questions, please call Arna Einarsdottir, x7371.

ASPEN VALLEY MEDICAL FOUNDATION

SCHOLARSHIP APPLICATION

for

AVH DEPARTMENTAL CONTINUING EDUCATION REQUESTS

AVH Department Information

Name of Dept. _____

Contact Person Responsible for this Application _____

Title _____ Wk. Phone/Ext. _____ Hm. Phone _____

Email _____

Conference/Seminar/Workshop Information

Title _____

Content _____

Name of Educational Institution _____

Course Start Date: _____ Course Duration: _____

Location of Coursework: On-Site at AVH

In Aspen: Location _____

Off-Site: City _____ State _____

Number of Employees Involved _____

If Known, Names of Employees Involved:

Expense/Income Information

(fill in all that apply)

Projected Expenses

Course Fee Per Person \$ _____ @ # ppl _____ = Total \$ _____

Course Instructor's Honorarium \$ _____

Other Expenses:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Total Expenses: \$ _____

Financial Resources

Amount Budgeted in Department \$ _____

Amount per person \$ _____ @ #ppl _____ eligible for assistance
from AVH Employee Cont. Educ. Fund \$ _____

Other Financial Resources Available:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

Total amount you are requesting from AVMF \$ _____

Essay Questions

On a separate page (two pages maximum, single-sided, 8-1/2"x11"), please answer the following questions:

1. Explain the importance of this educational experience as it relates to your department's role and function and/or patient care at AVH.
2. Describe how this experience will benefit your department's employees' educational and career paths.
3. Explain your need for financial assistance within budget or unanticipated expense.

Attachments

If applicable, please attach a clean, legible, single-sided photocopy of educational brochure (multiple pages are acceptable, provided entire set is one-sided and on 8-1/2"x11").

Signatures

Applicant's Certification: *I believe my department eligible to apply for a scholarship administered by AVMF. I certify that all statements made in this application are complete and accurate. I understand that:*

- *Falsification in this application, transcripts or other attachments will disqualify this application.*
- *Failure to follow all instructions for completing the application will render this application incomplete.*
- *All selection committee decisions are final.*

Applicant Signature _____ Date _____

SIGNATURES REQUIRED

To be signed by all individuals listed below, or their authorized representatives.

I have reviewed entire application and I endorse this application for the coursework described which would be very beneficial for the job performed at AVH. As of today's date, application is relevant and in good standing.

AVH Department Manager:

Print Name _____ Signature _____ Date _____

AVH Executive Management Group (EMG) Representative:

Print Name _____ Signature _____ Date _____

AVH Human Resources Director:

Print Name _____ Signature _____ Date _____