



## Online Application Guide - Educational Grants

### Educational Grant Qualifying Criteria:

Applicants shall be employees of Horizon Health Network (HHN) or Service New Brunswick (SNB) who work within Horizon Health Network's Zone/Region 2 health care system.

Applicants shall be actively enrolled in the Saint John Regional Hospital Foundation Workin' 2 Win Employee Lottery.

Should you cancel your enrollment in the Saint John Regional Hospital Foundation Workin' 2 Win Employee Lottery before being selected as a recipient of an educational grant, your application will be withdrawn as you will no longer meet the eligibility criteria.

Applicants are not eligible to apply if they currently hold an active grant awarded through this program. Previous recipients may reapply only after the completion and formal closeout of their prior grant.

Applicants may only submit an application for their own professional development. If you are selected to receive a grant, it can only be used to cover your own expenses - not those of groups or other individuals.

### Requirements:

Applicants will be required to provide the following:

1. Approval from your HHN Clinical/Administrative Director or your SNB Supervisor is required. Applicant must use the provided Support Form to confirm approval. You can download the Support Form from our website: <https://sjrfoundation.ca/education/>.  
*HHN employees: Your Clinical or Administrative Director must fill it out.*  
*SNB employees: Your Direct Supervisor must fill it out.*
2. Overview and budget for the educational opportunity.  
*Briefly describe the educational opportunity.*  
*Provide a budget for only your own expenses (not for groups or others).*
3. A short essay detailing the benefits to your career development.

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### Terms of Reference:

The expenses incurred for the preparation of your application are at the sole expense of the applicant and will not be reimbursed by the Saint John Regional Hospital Foundation.

Should there be a loss of wages in pursuit of the educational opportunity, they are at the sole expense of the applicant and will not be reimbursed by the Saint John Regional Hospital Foundation.

This grant is intended solely for the professional development of the named recipient. Expenses for other individuals are not eligible and will not be reimbursed.

Applications will be reviewed by the Saint John Regional Hospital Foundation. The Saint John Regional Hospital Foundation reserves the sole right to evaluate and select grantees from the eligible applicant pool. Meeting the eligibility and submission requirements does not guarantee funding.

All decisions made by the Saint John Regional Hospital Foundation, their Committees, Advisors and Board of Directors are final and confidential.

The Saint John Regional Hospital Foundation's financial contributions for this initiative are subject to availability of funds. Should funding levels not be available or are decreased due to unforeseen circumstances the Saint John Regional Hospital Foundation reserves the right to reduce, defer or suspend financial contributions to grants received as a result of this funding opportunity.

- Checkbox for "Read Confirmation of the Qualifying Criteria, Requirements, and Terms of Reference" Check the box to indicate that you have read and understand the qualifying criteria, requirements, and terms of reference.

### Applicant Contact Information:

- Applicant Name
- Title
- Email
- Work Phone Number
- Personal Phone Number
- Personal Mailing Address

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### Employer/Employee Information:

- Who is your employer?  
*[Only one employer can be selected from the following choices]*
  - Horizon Health Network (HHN)
  - Service New Brunswick (SNB)
- Employee ID Number
  - HHN employee number starts with a "2"
  - SNB employee number starts with "1000"
- Name of HHN Clinical/Administrative Director or SNB Direct Supervisor
  - for HHN employees, enter the name of your Clinical/Administrative Director
  - for SNB employees, enter the name of your Direct Supervisor

### Educational Grant Application Information:

- Name of Organization/Institution Providing the Educational Opportunity  
*Please provide the name of the Organization/Institution providing the educational opportunity.*
- Title of Educational Opportunity  
*Please provide the title of the educational opportunity.*
- Description of Educational Opportunity  
*Please provide a brief description of the educational opportunity (maximum 50 words).*
- Start Date  
*When will the educational opportunity start?*
  - The start date of the educational opportunity must be after January 31<sup>st</sup>, 2026.
- End Date *(must be within two years of the start date)*  
*When will the educational opportunity end?*
- Educational Opportunity Type  
*[Only one type can be selected from the following choices]*
  - Conference
  - Workshop
  - Seminar
  - Certification

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- Educational Delivery Method  
*[Only one delivery method can be selected from the following choices]*  
In-person  
Virtual  
Self-paced  
Hybrid (in-person & virtual)  
Other, please explain (maximum 50 characters)
- Location of Educational Opportunity  
*If the educational opportunity will happen in-person, where will it take place? Please include the city and country.*

### Individual Budget Details:

- Request Amount  
*Up to \$5,000 per individual.*  
*If approved, funds can only be used for your own expenses. Expenses for other individuals will not be reimbursed.*
- Breakdown of Estimated Individual Expenses:
  - Registration / Tuition / Certification Fees
  - Travel Expenses (flight, hotel, transportation)
  - Per-diem for Meal Allowances
- Other Financial Assistance Applied For:  
*Please list any other financial assistance that you have applied for to support this educational opportunity. Provide the name and amount.*
- Other Financial Assistance Received:  
*Please list any other financial assistance that you have received to support this educational opportunity. Provide the name and amount.*
- Educational Grant Essay:  
*In 500 words or less, please explain how this educational opportunity will benefit your career development.*
- Please upload the completed Support Form signed by your HHN Clinical/Administrative Director or SNB Supervisor. Reminder, the Support Form can be downloaded from our website:  
<https://sjrhfoundation.ca/education/>. [PDF file format – maximum size 25MB]:  
HHN employees: Your Clinical or Administrative Director must fill it out.  
SNB employees: Your Direct Supervisor must fill it out.

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- Declaration:

By providing my electronic signature, I certify that the information provided in this application is, to the best of my knowledge, true and complete.

- Applicant Electronic Signature

By typing your name in the box provided below, you understand you are providing an electronic representation of your signature.

By providing your electronic signature, you are confirming that the information contained within this application is true and that falsified information may result in disqualification from the grant.

Please note, an electronic signature is required to be considered for this Educational Grant.