



Local 54, Chapter 001 Education Fund

University of Alberta Hospital
Stollery Children's Hospital
Mazankowski Alberta Heart Institute

WHAT IS THE EDUCATION FUND?

This fund is administered by AUPE Local 54 Chapter 1, for the purpose of assisting chapter members improve themselves educationally. This may be to enhance their current position or to perhaps increase their "employability" in other departments or classifications.

GUIDELINES

- You must have completed 1 year of service.
- You must be a member of Local 54 Chapter 1 (working at the University of Alberta Hospital, Mazankowski, Stollery)
- You must be a Full-Time or Part Time Permanent employee.
- There is a maximum amount of \$500.00 per year available. You may take as many courses as you like, but the most you would receive is \$500.00.
- The "year" is the Hospital Fiscal Year, which runs from April 1 to March 31 the following year.
- The courses must be from a recognized Education Institution.
- The Committee reviews all applications as a group.

HOW DO I APPLY?

If the course is from an institution such as, Grant McEwan, UofA, Edmonton Parks & Rec. etc, you must apply and pay for the course, on your own, and then submit an application, along with original receipt to the Education Fund Committee.

If applying for funding for a course offered by Capital Health Information Systems, register for the course and complete the I.S. form. **DO NOT PAY!** They will direct bill us. **An Education Fund form still needs to be completed and sent to the committee.**

Application forms can be obtained by emailing a committee member. Questions can be directed to a member of the committee via email.

You must *completely* fill out the Education Fund application form, including your employee number and start date. **Completed form is to be mailed to the address provided along with receipts. Applications will only be accepted by mail.**

NOTE: If you are missing any information or receipts, your application will not be processed.

WHAT ELSE SHOULD I KNOW?

If you have already completed the course when you apply, please include the start and end date of the course. Funding will be 100%, up to the \$500/year maximum.

If you have started but not yet completed the course, the Funding will be 80% of the total, up to the \$500/year maximum. Once you have completed the course, you may apply for the 20% balance with a "Certificate of Completion" sent to the Committee. The 20% will not be automatically paid out.

The monies will be Direct Deposited to you bank account. The amount will be a line item on your pay stub but the funds have no bearing on your actual pay or tax deductions. Please note the committee meets 4 times a year, and it can take up to 6 weeks following approval to receive funds. Please check your account prior to enquiring with committee.

The committee only meets 4 times a year, generally in the month of September, December, March and June.

WHERE DID THE MONEY COME FROM ORIGINALLY?

Fund was created from Employment Insurance Overpayments. Although no further EI funds are deposited into this account, the fund continues to operate until such time as the funds are depleted.

Education Fund Committee Members

Lyn Morrison (CO CHAIR)
Lab Medicine & Pathology
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Tonya Malo (CO CHAIR)
Diagnostic Imaging
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Jen O'Neill
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oneillj@shaw.ca

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Sam Wong
Central Sterile Supplies
ylwong97@hotmail.com



LOCAL 54, CHAPTER 001 EDUCATION TRUST FUND

Please Print Information

Employee #: _____

Years of Service: _____

FTE Status: _____

APPLICANT INFORMATION:

Name: _____

Address: _____

Department: _____ Phone: _____

COURSE INFORMATION:

Name of Course: _____

Course Location: _____

Duration of Course: _____ Dates: _____

Cost of Course: _____ Funding Requested: _____

Reason for attending the Course: (Please indicate any additional information that could assist the Committee in their decision. i.e. letters, brochures etc.)

****Include original receipt only****

I certify the following information submitted with this application for funding is true and complete. I understand and agree that false representation on this application may disqualify me from funding consideration.

Signature

Date

PLEASE MAIL COMPLETED FORMS TO:

**MARGARET HEIL
23 BLAIRMORE ST
SPRUCE GROOVE AB T7X 1H1**