

Judy Hoff Memorial Education Fund- Package



Judy Hoff Transfusion Medicine Memorial Fund

Terms of Reference

Purpose

- The purpose of this fund is to facilitate participation by medical laboratory technologists in professional development programs and opportunities that will enhance their knowledge and career in transfusion medicine, laboratory leadership, or laboratory management.
- The funds will be awarded in recognition and remembrance of Judy Hoff.
- A maximum of \$1000 in funds may be awarded annually; the minimum funds to be awarded is \$200.
- The Sponsor has requested that the CMLPSK administer the granting of monies from this education fund.

General Terms of Reference

- Courses, programs, and conferences that are recognized by the CMLPSK will be considered for this education fund.
- Applicants must be members of the CMLPSK at the time of application.
- Applicants may only apply once per calendar year.
- The Application Form must be completed fully; additional supportive information must accompany the Application as requested and where appropriate.
- Applicants must be prepared to contribute some funding to their Course/Program or event/conference.
- Successful applicants must submit an article to be published in the CMLPSK newsletter or provide a presentation to provincial MLT conference.
- Applicants must report financial assistance received from other sources.
- Applicants will be advised of the decision of the Professional Practices committee approximately six to eight weeks following the deadline for submission.
- Approved scholarships will be paid upon submission of the appropriate documentation including financial receipts for registration fees/tuition, evidence of successful completion of the Course/Program/Conference, and a short article for publication describing the Course/Program/Conference.

Application Deadline

March 31 each year

Note: Application deadline may be extended if funds are not allocated by March 31.

Application Forms are available from the CMLPSK Office.

Submit completed Application Forms to: contactus@cmlpsk.ca

Subject line: "Education fund application"



Judy Hoff Transfusions Medicine Memorial Education Fund Application

Application Deadline: March 31st of each year

Return via email subject: "*Education Fund application*" to: contactus@cmlpsk.ca

(Please type or print. Complete all areas).

1. PERSONAL DATA

Name: _____

CMLPSK #: _____

Home Address: _____

City: _____

Postal Code: _____

Telephone #: (H) _____ (W) _____

Job Title: _____

Resume of Duties related to Transfusions Medicine:

2. EMPLOYER DATA (if applicable)

Name: _____

Address: _____

Telephone: _____

3. DETAILS OF PROGRAM/COURSE/CONFERENCE FOR WHICH FUNDS WILL BE USED

Title: _____

Please attach descriptive literature and transcripts from the Program/Course completed:

Program/Course/conference _____

City: _____ Province/State _____

Date(s): From _____ To _____

PROGRAM/COURSE EXPENSES (include receipts as applicable)

Fees _____
Travel Costs _____
Lodging _____
Misc. _____
Details _____

Total Expenses _____

4. OTHER FINANCIAL ASSISTANCE RECEIVED

Source: _____

Amount: _____

5. IF THE PROGRAM/COURSE/CONFERENCE REQUIRED YOU BEING ABSENT FROM WORK,
DID YOU TAKE:

Vacation _____ Unpaid Leave _____ Paid Leave _____

I certify that the information contained in this application is true and correct to the best of my knowledge. I further give my consent for the Saskatchewan Society of Medical Laboratory Technologists and/or it's staff to contact the Employer and Educational Institution named within this application to verify the information provided.

SIGNATURE

DATE

Typed name equivalent to signature