NEWFOUNDLAND AND LABRADOR HEALTH BOARDS ASSOCIATION

SCHOLARSHIP FOR GRADUATE PROGRAM IN HEALTH ADMINISTRATION

TERMS OF REFERENCE

In response to a recognized need to develop existing and/or future health leaders for this province, the NLHBA has created an annual scholarship or scholarships with a total value of up to $10,000. The scholarship will provide financial assistance for managers within the health system who are pursuing advanced studies in administration of the health system at the Masters or Ph.D. level on a full-time or part-time basis from a recognized degree granting institute. Preference will be given to individuals enrolling at the Masters level in health-focused administrative studies.

Criteria

1. Applicant must be a permanent management employee of an NLHBA member health organization.

2. The scholarship will be awarded based on:
   - management service within health of five years or greater in Newfoundland and Labrador;
   - initiative and service within the health community (e.g., volunteer work with health related organizations or Regional Health Authorities; participation in projects for the advancement of health, etc.);
   - demonstrated leadership capacity;
   - educational aptitude.

3. In accepting the scholarship, a recipient agrees:
   a) to apply the monies to the tuition fees, book costs and travel/living expenses associated with this course;
   b) to advise the NLHBA of any address change or fundamental change in his/her course of study;
   c) to a return in service with an NLHBA member Regional Health Authorities. If the recipient chooses not to fulfill the Return-in-Service commitment, the recipient must repay the funds prorated proportionately to the service provided. The Return-in-Service commitment must be signed prior to monies being awarded.

4. Applications for this scholarship must be submitted on the appropriate form.

5. Applications must be accompanied by:

   a) Two letters of reference:
      - one must be from your immediate supervisor who can speak about your professional performance, educational aptitude and leadership potential;
      - the other must be from someone who will speak about your voluntary health-related activities, such as participation in health promotion and wellness initiatives, etc.

   b) A letter to the Scholarship Committee indicating your long term career goals within the health system and highlighting any other relevant information you would like the committee to consider in awarding the scholarship.

6. Applications must be received at the NLHBA on or before *March 31st of each year*. Late or incomplete submissions will not be considered.

7. A Scholarship Committee, comprising the Executive Director of the NLHBA or designate, a senior official from the Department of Health and Community Services, and two senior executives from the Regional Health Authorities will review the applications and award the scholarship in *May* of each year.

8. The decisions of the Scholarship Committee will be final and their discussions will be kept confidential.

9. If the recipient of a scholarship is unable to start, or fails to complete, the program of studies for which the scholarship was awarded, the recipient will be able to defer for one year. If, after one year, the recipient continues to be unable to complete the program of studies, the recipient will return the funds to the NLHBA.

10. One half of the scholarship will be made available to the recipient upon verification of acceptance into the program. The remaining portion of the scholarship will be paid upon receipt of proof of graduation.

Approved by Board of Directors, March 9, 2001.
Amended March 2006.
February 2007

Newfoundland and Labrador Health Boards Association

SCHOLARSHIP APPLICATION FORM FOR GRADUATE PROGRAM IN HEALTH ADMINISTRATION

☑☐Mr.☐Ms☐Mrs. Surname:	Given Names:
Home Address:	
Telephone Number (Home):	E-mail Address:
Regional Health Authority where employed:	
Department/Program:	
Employment Title:	
Employment Status: ☐Permanent Full Time ☐Permanent Part Time	
Telephone Number (Work):	
Years of Management Service:	

EDUCATION: POST-SECONDARY QUALIFICATIONS:

University/College	Degree/Diploma	Date Awarded

GRADUATE DEGREE TO BE UNDERTAKEN:

Name of Program:	
University/College:	
Date (or expected date) of Letter of Acceptance:	

AWARDS/HONOURS (include any other scholarship for this Program):

Award/Honour	Institution	Date Received

INITIATIVE AND SERVICE WITHIN THE HEALTH COMMUNITY:
Please list and briefly describe participation in health-related projects such as health promotion activities/volunteer/employment work with health organizations, health working groups or Regional Health Authorities.

Association/Organization	Activity	Position	Date

Please submit the completed form to the **Executive Director, Newfoundland and Labrador Health Boards Association, 2nd. Floor, Beothuck Building, 20 Crosbie Place, St. John's, NL A1B 3Y8**, together with:

1. Two letters of reference, one from your immediate supervisor who can speak about your professional performance, educational aptitude and leadership potential, and the other from someone who can speak about your voluntary health-related activities, such as participation in health promotion and well initiatives, etc.; *and*
2. A letter to the Scholarship Committee indicating your long-term career goals within the health system and highlighting any other relevant information that you would like the Committee to consider in awarding the scholarship.

A CONTRACT FOR A RETURN IN SERVICE IN THE NEWFOUNDLAND AND LABRADOR HEALTH SECTOR MUST BE SIGNED BEFORE SCHOLARSHIP FUNDS ARE AWARDED.

July 9, 2004
Amended March 2006
February 2007