

## Kronier Family Education Fund

Certification/Diploma, Bachelor, Master or Doctorate Degree \$2,000.00 CAD Scholarship Application:

**Please complete all sections.**

Date of Request:		Name of Post-Secondary Institution:			
Applicant's Name:		Name of Program:			
Year started with VCH:		Employment Status:	Casual <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Full-Time <input type="checkbox"/>
Current Position Title:		Level of Study:	<input type="checkbox"/> Certificate <input type="checkbox"/> Post-Basic Certificate Undergraduate Degree <input type="checkbox"/> Diploma Programs		<input type="checkbox"/> Baccalaureate <input type="checkbox"/> Doctorate <input type="checkbox"/> Other
Applicant's Email:		Have you received Funds from Kronier Family Education Fund more than twice in last three years?	From other VCH sources		From sources external to VCH
			Y      N	Y      N	Y      N

**Section 1: In approximately 1000 words please describe how your education and/or research aligns with VCH strategic priorities, and VCH values, the anticipated impact to patient care and your plan for knowledge sharing with other members of the health care team (<https://my.vch.ca>)**

- Please use a separate sheet of paper for an essay

**Section 2: Please include with your application**

- Confirmation of Payment
- Information pertaining to the education opportunity, if available, should be submitted with the application

**Application Funding Breakdown**

Total Request (max of \$2,000.00 CAD): \_\_\_\_\_

Manager Approval (Name, Initials, Date)	Other funding received or requested from internal and external sources:  1. _____ \$ _____ 2. _____ \$ _____ 3. _____ \$ _____ 4. _____ \$ _____ 5. _____ \$ _____
Director Approval (Name, Initials, Date)	
Committee Approval (Initials, Date)	

**PLEASE SUBMIT APPLICATION BY MAY 16, 2025 TO [RICHMONDEDUCATION@VCH.CA](mailto:RICHMONDEDUCATION@VCH.CA)**