Salina Regional Health Foundation

PACE Application (Program for Access to Continuing Education)
Scholarships for Employees

Applicant Name: _____   Employee ID Number: _____

Position: _____   Department/Unit: _____

Hours per Pay Period: _____   Date of Hire: _____
(must have been employed six months to be eligible)

Email: _____   Amount of Money Requested: _____
(Maximum $500; Minimum $25)

Name of Continuing Education: _____

Date(s) of Continuing Education: _____

STOP: If you have completed the course prior to submitting this application, the course is not eligible for PACE reimbursement. An application must be submitted to Salina Regional Health Foundation prior to taking a continuing education course.

I have received a PACE Scholarship this fiscal year (October 1st – September 30th).   Yes ___ No ___

I have attached a copy of the Continuing Education brochure to this application.   Yes ___ No ___
(Online course description, screenshot, email, etc. is also acceptable)

I have read Administrative Policy 8360-10-P (PACE Scholarships) and agree to the requirements set forth. I realize that my application must be submitted to the Salina Regional Health Foundation prior to the continuing education program. My department will be reimbursed the registration fee after I submit a copy of my certificate of completion or similar document to the Salina Regional Health Foundation.

Signature of Applicant: _____   Date: _____

DIRECTOR TO COMPLETE:

Applicant's Department Account Number: _____

Is this an Organizational Development Event?   Yes ___ No ___

Is this applicant's work performance at satisfactory level or above?   Yes ___ No ___

_____   _____
Director (Printed Name)   **Director Signature**

SALINA REGIONAL HEALTH FOUNDATION TO COMPLETE:

Date Application Received: _____

Application Approved: Yes ___ No ___   If no, explain: _____

Completed application and supporting materials can be emailed to Becky McKay at rmckay@srhc.com or sent to the Foundation office.

01.04.22