

# The TORCH Foundation

Announces the Availability of the



## 2015 Continuing Education Stipend Award

**Award Amount: Up to \$1,000**

The TORCH Foundation 2015 Continuing Education Stipend will be awarded to a healthcare professional currently working in a TORCH Member healthcare facility who aspires to improve higher job performance by participating in a healthcare-related continuing education event/opportunity (i.e. health education conference, course, seminar, workshop, training event, etc.). This individual demonstrates commitment to providing quality healthcare and values continuing education as a tool to achieve performance excellence in his/her occupation. There is a limit of one award per person per year. The stipend award can be used for registration fees and travel expenses. Applicants must complete the eligibility requirements, as defined on the application form, including submission of a resume, a signed letter of recommendation by a department director or supervisor, and a one page personal statement that illustrates the importance of continuing education in job performance improvement, provides a description of the education opportunity, and explains how participating in this event/opportunity will impact job performance and future goals.

**All materials must be received by: **Friday, March 13, 2015****

*To apply, complete the attached application or visit the TORCH Foundation website <http://foundation.torchnet.org/> to download the application form. If you have questions, please contact Carrie Ruiz, Director of Operations, at [cruiz@torchnet.org](mailto:cruiz@torchnet.org) or (512) 873-0045.*

# TORCH Foundation



## 2015 Continuing Education Stipend

### Award Application

Up to a \$1,000 stipend will be awarded to a healthcare professional currently working in a TORCH Member healthcare facility who aspires to improve his/her job performance by participating in a healthcare-related continuing education event (ie. health education conference, course, seminar, workshop, training event, etc.). This individual demonstrates commitment to providing quality healthcare and values continuing education as a tool to achieve performance excellence in their occupation. There is a limit of one award per person per year. The stipend can be used for registration fees and travel expenses.

**Continuing Education Stipend Eligibility** - Eligible applicants must:

- (1)** Be a full-time employee of a Texas rural or community hospital, rural health clinic or other healthcare Facility;
- (2)** Submit this completed application form, resume, and a signed recommendation letter by a department director or supervisor;
- (3)** Attach a one-page narrative describing the importance of continuing education in job performance improvement and how participating in this event/opportunity will positively impact job performance and future goals; and
- (4)** Submit proof/certificate of attendance for the education event once completed.

**Application Deadline:** The application and all required documents must be received by the TORCH Foundation no later than: **Friday, March 13, 2015**

***Please complete the following application front and back.***

#### **Personal Information:**

Full Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Current Occupation and Continuing Education Opportunity:**

Health Care Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Director/Supervisor Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Your Title: \_\_\_\_\_ Position Start Date: \_\_\_\_\_

Department: \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Continuing Education Event: \_\_\_\_\_

Date(s) to be Held in 2015: \_\_\_\_\_ Duration of Event: \_\_\_\_\_

Brief continuing education event/opportunity description: \_\_\_\_\_

Projected cost of the continuing education event/opportunity: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please mail, e-mail or fax completed application form and any additional requested documents to:**

TORCH

Attn: Carrie Ruiz

P.O. Box 203878, Austin, TX 78720

Office: (512) 873-0045 / Fax: (512) 873-0046 / Email: [cruiz@torchnet.org](mailto:cruiz@torchnet.org)