



## The County Guys Real Estate Group Local Love Bursary Helping our Care Champions reach their full potential

## **Criteria and Application**

#### Overview

The Prince Edward County Memorial Hospital Foundation (PECMHF) is pleased to support the continued education of current staff at Quinte Health, who primarily work at the Prince Edward County Memorial Hospital (PECMH) in Picton, ON.

PECMHF, with financial support from The County Guys Real Estate Group, has developed a bursary that is made available to Quinte Health employees in need of financial support to pursue education that will advance their careers in healthcare.

PECMHF will endeavour to offer at least one annual bursary valued at up to \$2,500\*.

#### Criteria for Selection of Candidates\*\*

The applicants must currently be permanent part-time or full-time employees of Quinte Health. The bursary is open to any staff member working at Quinte Health, regardless of position.

Within the last twelve (12) months of the bursary announcement, the applicants must be enrolled in, or planning to enroll in, a formal learning program related to health care that leads to a recognized certificate, diploma, or degree.

The bursary must help offset expenses incurred by participating in a formal learning program. Examples include, but are not limited to, tuition, textbooks, travel, parking, daycare, or everyday living expenses.

Many factors may be used to determine the successful candidate, such as an explanation for financial need, their contribution to the work atmosphere, and commitment to advancing their knowledge and career in the healthcare field. Preference will be given to those who demonstrate a passion and commitment to advancing healthcare delivery in the Prince Edward County community.

Individuals may apply once per year for the duration of the fund, and there is no limit to the number of times a recipient may receive bursary funding.

#### How do I apply?

Applications are available from the Prince Edward County Memorial Hospital Foundation office and via email at 70tmoore@guintehealth.ca.

<sup>\*</sup> Number of bursaries available each year and bursary amount subject to change based on the availability of funds.

<sup>\*\*</sup> Bursary criteria subject to change





#### **Application Requirements and Checklist**

Currently employed by Quinte Health and who have been assigned to PECMH as your home site,
Completed recognized certification program within the past twelve (12) months OR,
Currently enrolled (or planning to enroll) in a recognized post-secondary institution or recognized certification program,
Ability to provide proof of admission and tuition statement,
Completed Bursary Application Form (see below),
Impact Statement (one-page maximum) describing how this funding will help or benefit you and/or others connected to you,
At least one current letter of reference from a supervisor/colleague outlining why you are

#### A strong application will establish the following:

- How the bursary will positively advance your career in healthcare,
- How the completion of your program will advance healthcare in the community,
- Openness, honesty, integrity, and professionalism,
- Positive contribution to the work atmosphere at PECMH in your current role,
- Quality of work through a reference or testimonial,
- Include years of service at Quinte Health in any role,
- Years of service in the healthcare field,
- Contributions above and beyond what would typically be expected in the applicant's primary role at the hospital,
- Convey a passion for giving back to the Prince Edward County community and nurturing a healthy quality of life.

#### **Tips for Creating an Impact Statement**

Start your impact statement with a simple description of why you are applying for the bursary, explaining it to someone without knowledge of your education, experience, and professional development goals. Express any challenges or hurdles this financial support will help you overcome. Describe how this funding will help to advance your career in healthcare.

### **Application Deadline**

Each submission must accompany a completed application form and the other requirements outlined. Completed application forms and all supporting documents must be submitted in confidence by 4:00 p.m. on **Friday, January 23, 2026**, by email to <a href="mailto:70tmoore@quintehealth.ca">70tmoore@quintehealth.ca</a> or hand-delivered to the PECMHF office inside the hospital.

Please use the following subject line in your email: **Confidential, The County Guys Local Love Bursary.** 





Please contact Briar Boyce at <u>70bboyce@quintehealth.ca</u> or ext. 4425 if electronic submission is not possible or if you do not receive confirmation that the file has been received.

Applicants, including those whose submissions are unsuccessful, will be notified in writing when selections are made. Depending on application results, a bursary may not be granted every year, and that decision is at the discretion of the Bursary Selection Committee.

The application process is strictly confidential. Applications will be kept on file in confidence for five years.

#### **Presentation of Bursary**

The bursary will be announced and presented at the earliest convenient time following PECMHF's receipt of proof of enrollment in a formal program. A representative from The County Guys or Designate and a member of the Selection Committee will present the bursary. Bursary recipients will be profiled on the PECMHF website and social media channels and celebrated in a news release prepared by PECMHF (subject to the recipient providing permission).

Upon receipt of the proof of enrollment, PECMHF's staff will work with Quinte Health to disburse the funds for the awarded bursary amount. The successful applicant will have twelve (12) months from the date they are notified of their successful application to submit proof of enrollment.





# The County Guys Real Estate Group Local Love Bursary Application Form

Deadline: Friday, January 23, 2026

Please complete the following form. Additional supporting documents attached to your submission are welcome.

Name				
Current Position/Title				
Department				
Manager/Supervisor Name and phone extension				
Home or Business Address				
Telephone				
Email				
Employment Status (please circle)	Full-time	Part-time		
Years of service at Quinte Health				
Name of the institution providing the education you are pursuing				
Program of Study				
Program Cost				
Start Date				
End Date				
Please list any additional hospital activities you've been involved in beyond your daily routine (committees, projects, events)				
Your story – Tell us about yourself and explain how the bursary will positively advance your ability to pursue/continue a career in				





healthcare. If you have completed the course within the past twelve (12) months, please tell us how this has impacted you personally and/or professionally in a positive way					
I hereby grant permission to the Prince Edward County Memorial Hospital Foundation to contact					
my supervisor to request further information about me if they see fit. If I am successful, I permit					
the PECMHF to make p	the PECMHF to make public my award.				
Name:					
Signature:	Date:				
Consent for Use of Media					
authorized by it to take	gree to permit the Prince Edward County Memorial Hospital Foundation and any persons horized by it to take and produce photographs. The bursary announcement may appear in vspapers, websites, newsletters, radio, social media, or other foundation initiatives.				