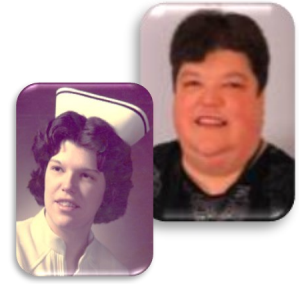


The Jane Justice Educational Scholarship Fund



In 2009 a memorial scholarship fund was established in honor of Jane Justice, MHA, BSN, RN, CCRN. Jane's dedication to her profession, compassion toward her patients and commitment to her fellow medical professionals were known throughout Southwest Iowa. Continuing an educational dream was paramount to Jane, always encouraging those around her to 'go for it'—and in many cases would personally help those needing assistance to pursue their goals.

To find out more about the educational funds, please read below for more information .

GUIDELINES FOR APPLYING FOR REIMBURSEMENT OF CONTINUING EDUCATION FEES OR CERTIFICATION

The purpose of the Jane Justice Educational Scholarship Fund is primarily to benefit individuals in the medical field of nursing, respiratory and emergency medical services. Other professionals seeking certification or recertification, i.e., pharmacists will also be considered.

The Jennie Edmundson Foundation offers financial assistance for Continuing Education Units or Certification/Recertification or Testing Fees through the Jane Justice Educational Scholarship Fund. The following guidelines have been established for the administration of these funds.

1. Applicants are eligible to apply who have met the following criteria:
 - In good standing with employer—having no active corrective action at the written level or above.
 - Have completed 12 months of continuous employment with MJE and is scheduled to work a minimum of 20 hours per week or volunteerism of EMTs in Pottawattamie or Mills County.
2. The application must be completed and approved within 90 days of completion of the program. To ensure your acceptance for funding, application must be turned in at least 30 days prior to program.
3. Submit the completed application, along with a copy of program/outline to the JEH Foundation—933 E. Pierce, Council Bluffs, IA 51503
4. The applicant will be notified if the application is not approved.
5. Upon notification of completion and/or passing the course/exam, the applicant must submit evidence of obtaining the CEU, Certification or Recertification. All receipts must be received within 90 days of completion to be considered for reimbursement. After 90 days the applicant is not eligible for the amount of reimbursement offered.
6. The applicant needs to notify the JE Foundation if: (a) you decide not to complete the course, or (b) you do not pass the course or exam for which you applied, so the account can be closed.

If you would like to be considered for reimbursement of expenses incurred for Continuing Education Units, Certifications or Re-certification in your healthcare career path or Certification Exam fees, please complete the form attached and submit to the Jennie Edmundson Foundation, Attention Sandy Westphal for consideration. Application must be received within 90 days of completion of your program to be considered. For questions, please call 712-396-6059.

The Jane Justice Educational Scholarship Application Form



Date _____ Employee ID# _____

Name _____
First Middle Initial Last Name

Address _____
Street City State Zip

Home Phone _____ Work Phone _____

I am a MJE employee Department _____ Position _____

Start Date _____ Number of hours scheduled/FTE _____ Shift _____

I am a Pottawattamie/Mills County EMT Department/EMT Unit _____

Job Title _____ Start Date _____ Number of weekly scheduled/volunteered hours _____

INDICATE THE EDUCATIONAL UNITS OR EDUCATIONAL CERTIFICATION FOR WHICH YOU ARE REQUESTING REIMBURSEMENT.

Continuing Education Title: _____ Number of Hours: _____

Certification Title: _____ First Time Certification Recertification

Location of CEU Program or Certification Site: _____

Date of Program _____ Cost of CEU Program \$ _____ Cost of Certification Program: \$ _____

For consideration of special educational programs, please attach a description of the program and why this is pertinent to your job.

Amount of reimbursement requested \$ _____ *(If reimbursement requested is \$500 or above, an addendum will be forwarded to you for review and signatures.)*

I hereby authorize the Jennie Edmundson Foundation to verify information given in the application for reimbursement of funds.

Signature of Applicant _____ Date _____

FOR USE BY FOUNDATION:

Application completed and received within 90 days of program. YES NO

Date of program _____ Date information received _____

Applicant has met all stipulations of the scholarship guidelines. YES NO

If no, brief explanation _____

Scholarship Funds granted _____ Check mailed/reimbursed _____

Authorized by _____ Title _____ Date _____
Authorized Signature