

# *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**

Through the Jane Justice Educational Scholarship Funds, assistance to help medical professionals in nursing, respiratory and emergency medical services with Continuing Education and Certifications has been established.

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



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: \$ \_\_\_\_\_

Amount of reimbursement requested \$ \_\_\_\_\_

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

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 Signature Date