

**UC DAVIS HEALTH SYSTEM
SCHOLARSHIP AWARD PROGRAM
(Updated July 1, 2007)**

The UCDHS Scholarship Reimbursement Program provides Career Employees with an opportunity to apply for financial assistance.

I. Eligibility Requirements:

Applicants must be career UCDHS employees who have successfully completed probation, have a performance evaluation of Satisfactory or better, and have been accepted or are currently enrolled in an accredited educational program which promotes their Health System career. Financial assistance is provided by the UC Davis Health System and administered by Human Resources

Reimbursement funds can be used for the following items:

- ✓ Tuition/Class fees
- ✓ Conference Registration fees = [See Page 2](#)
- ✓ Exam fees = [See Page 2](#)
- ✓ Books

Student loans are subject to pre-approval

In order to be reimbursed, you must provide an original receipt of payment. You may submit printouts of online receipts. You may submit your application for pre-approval to determine whether or not your request will be funded.

Copies of receipts are not accepted by UCD Accounts Payable. Faxed receipts are not accepted by UCD Accounts Payable

Financial assistance will not be provided for education or other programs that lead to work careers outside the Health System (conferences included.) Reimbursement funding cannot be applied toward the cost of parking, travel, lodging, miscellaneous fees, supplies/material or other incidentals.

Please note: Beginning January 1, 2006, UCDHS employee scholarship funding shall not exceed \$3,500 annually (January through December of each calendar year.) Maximum funding to an employee shall not exceed \$7,000 within a 5-year period. Scholarship funding requests may resume after this timeframe.

II. APPLICATION PROCESS - You must complete this form and submit it to:

UCDHS Human Resources Training & Development
TICON III, Room 2600
2730 Stockton Boulevard
Sacramento, CA 95817

You may submit your application through UCD interoffice Mail Services, post office mail or drop off in person between 8:00 and 5:00 p.m., Monday - Friday.

III. **REIMBURSEMENT PROCESS:**

Funding will be awarded in most cases after successful completion of the class/exam/conference. In situations where grades are issued, a grade of “C” or better must be achieved.

You are required to provide proof of quarterly/semester grades or conference attendance documentation. You must provide documentation which validates completion of the degree/certificate program/conference or exam for which you are being refunded.

If you withdraw from the program for which you received the award funds, you are expected to return the funds to U.C. Regents. Contact Training & Development for instructions if you have withdrawn from a program (916-734-2676).

In order to be reimbursed, you must provide an original receipt of payment. Copies or faxed receipts are not accepted by UCD Accounts Payable.

- Do not submit credit card statements
- Do not submit bank account statements
- Do not submit student loan applications
- Do not fax paperwork or receipts to Training & Development

Conference Registration Fee Reimbursements:

- ✓ Please attach a brief description of the conference from a brochure or website and cost of the registration fee.
- ✓ You will need to provide a copy of your CEU or Certification of Completion/Attendance from the conference.
- ✓ A name badge is not acceptable for Proof of Completion/Attendance.

Exam Fee Reimbursements:

- ✓ Please attach a brief description of the examination from a brochure or website and cost of the exam fee.
- ✓ You must provide proof of passing your examination.
- ✓ Review or test books cannot be reimbursed until you have successfully passed your examination.

Employee Acknowledgement

I certify the information I have provided on this application is true and complete to the best of my knowledge. I agree to provide proof of quarterly/semester grades and/or completion of this degree/certificate program or conference attendance verification to Training & Development. I understand if I am to separate/terminate as a Career employee from UCDHS prior to completion of the funding process, I am no longer eligible for funding.

I have read the application requirements and understand that failure to comply with the requirements could result in a repayment to the University.

Employee Signature

Today's Date

Note: Employees are responsible for any tax liability resulting from employer-provided tuition assistance. The University is required by law to report to the Internal Revenue Service the amount of tuition assistance received subject to taxes.

*** Please Print Your Legal Name ***

First Name _____ MI _____ Last Name _____

Are you known under a different name at your educational facility? **Yes** **No**

If Yes, what name _____

UCDHS Dept: _____ Your Title: _____

Permanent (Home) Mailing Address:

Street _____ City _____ State _____ Zip _____

Message or Work Phone: _____ Years of Service _____

Home or Work Email address: _____

- I am currently enrolled in an accredited degree program.
- I am requesting funds for a position-related conference or certificate program.

Training for Continuing Education Units (CEUs)? Yes No Other

Are you receiving additional funding from another resource? Yes No

Have you applied for funding from the **UCD Employee Emergency Loan Fund**? Yes No

Name of Funding Resource _____

Are you currently on Leave of Absence? Expected Date of Return? _____
Employees on approved Leaves of Absences may apply for funds. Approval is based on individual circumstances.

Are you authorized for release time if your training is during work hours?

- Yes
- No - Please Explain

Name of college/training facility:

Name of degree/certificate/training program:

Classes Begin: _____ Year to be Completed: _____
Month Year

UCDHS Supervisor’s Acknowledgement

I have discussed this training with _____ and support
Employee Name
this request. I certify this employee reports to me and has completed their probationary
period. I have supervised this employee for _____ years. The employee’s performance
is _____.

UCDHS Supervisor Signature: _____ **Date** _____

Employee Acknowledgement

I certify the information I have provided on this application is true and complete to the best of my knowledge. I agree to provide proof of quarterly/semester grades and completion of this degree/certificate program or conference attendance verification to Training & Development within 90 days of the completion date. I understand if I am to separate/terminate as a career employee from UCDHS prior to completion of the funding process, I am no longer eligible for funding.

I have read the application requirements and understand that failure to comply with the requirements could result in a repayment to the University.

Employee Signature

Date

Note: Employees are responsible for any tax liability resulting from employer-provided tuition assistance. The University is required by law to report to the Internal Revenue Service the amount of tuition assistance received subject to taxes.

Briefly outline your goals and objectives and how your current request will benefit your UC Davis Health System career.
