

EMPLOYEE DEVELOPMENT GRANT APPLICATION

Please check the semester to which the grant will apply:

- | <input type="checkbox"/> | <u>Term</u> | <u>Application Due Date</u> |
|--------------------------|-----------------|-----------------------------|
| <input type="checkbox"/> | Fall semester | AUGUST 1 |
| <input type="checkbox"/> | Spring semester | DECEMBER 1 |
| <input type="checkbox"/> | Summer semester | MAY 1 |

Name: _____ SSN: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: (work) _____ (home) _____

I have received funding from the previous Employee Development Grant (EDG) (formerly Employee Development Scholarship -EDS) program: Yes ___ No ___

I have been accepted into _____ program of study.

NMC courses to which the EDG will be applied in the upcoming semester:

	<u>Course Number</u>	<u>Course Name</u>	<u>Credit Hours</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

I have read and understand that:

- 1) approval for this Employee Development Grant (hereafter referred to as "Grant") is dependent upon my contribution to the Methodist Health System through my role as an employee and my "good standing" status as an employee. I verify that the required performance appraisal is attached which indicates that I am carrying out my current job responsibilities in the required manner, and that my supervisor has indicated that I qualify for the Grant because of my performance.
- 2) my CGPA must be a 2.0 or above to qualify for this Grant.
- 3) my work status must be a minimum of 16 hours per week throughout the semester or session in which I applied for EDG in order to qualify for this Grant.
- 4) that I will receive only pre-approval for the Grant at this time. Final approval will be based on: a) earning a C or above in my courses, b) sustaining the required work requirements throughout the semester for which this application is current, and, c) sustaining a 2.0 GPA throughout the entire semester. This means that any NMC grade reports, grade substitutions for Incompletes, or any other situation which alters my GPA throughout the semester may influence my qualification for this Grant.
- 5) I must be actively enrolled in a degree or certificate bound program of study at NMC to qualify for this Grant.
- 6) for any reason, should I become ineligible for this Grant during the course of the semester, I will be responsible for payment of the tuition amount pre-approved for the EDG.
- 7) EDG funds are applied to tuition costs only. I am responsible for the payment of any fees associated with the course(s), as well as the cost of books or materials required for the course(s).
- 8) submission of a late or incomplete application will result in ineligibility for the Grant.
- 9) I am responsible for complying with all policies and procedures as described on the attached document labeled "Procedures & Policies/Employee Development Grant."
- 10) this application must be submitted to Human Resources.

SIGNATURE: _____ DATE: _____

.....
HUMAN RESOURCE USE ONLY

Date received: _____ Hire date: _____

Scheduled hours per week: _____ Eligible based on performance: Yes ___ No ___

Signature of H.R representative: _____

Employee Development Grant Policies & Procedures

Policy: The Employee Development Grant (EDG) is extended toward current Methodist Health System employees who are enrolled in a degree or certificate program of study at Nebraska Methodist College and meet the prescribed criteria.

Criteria: The Applicant must:

- be enrolled in a degree or certificate program of study at Nebraska Methodist College.
- have completed two years minimum employment within the Methodist Health System. All previous Employee Tuition Credit recipients will be eligible for inclusion for the Employee Development Grant if all other criteria are met.
- be in good standing as a Methodist Health System employee.
- maintain at least 16 hours per week of scheduled part-time employment throughout the semester in which the EDG is pre-approved.
- maintain a CGPA (cumulative grade point average) of 2.0 or above.
- earn a grade of "C" or above in each course for which the EDG is pre-approved.
- attach a developmental performance appraisal with application for EDG. Schedule an appointment with your supervisor one month prior to the deadline. Inability to meet with your supervisor in order to meet the deadline will not be a viable reason to miss the deadline.

Procedure:

- EDG will be applied to Nebraska Methodist College tuition costs only.
- Maximum award of \$800 per semester or the entire summer session; \$1600 annually.
- Unused dollars from the fall or spring sessions may be used in the summer provided the amount does not exceed the \$800 maximum.
- A record of Grant awards will begin with the fall semester and terminate the final summer session of the following year. Any Students beginning in the spring semester will be limited to \$800 until the following fall semester. Any student beginning in the summer will need to wait until the fall to apply.
- Students may apply for both EDG and a College Grant in the same academic year. Each may be used to the maximum amount as long as the tuition costs necessitate.
- College Grant funds will be applied to the student's account first, then EDG funds.
- Each applicant is required to insure the application reaches Human Resources by the designated deadline.
- After initial processing in Human Resources, applications will be sent to the College Registrar's office. A letter will be sent to the applicant indicating pre-approval or non- approval. At the end of the semester, applicant employment status and grades will be re-evaluated for compliance with the above criteria.
- The pre-approved EDG amount will be credited to the applicant's student account at the end of the semester. Any amount above the pre-approved amount will appear as an amount due on the monthly statement.
- Application deadlines are as follows:
 - August 1 for the Fall semester
 - December 1 for the Spring semester
 - May 1 for the Summer semester

**EMPLOYEE DEVELOPMENT GRANT (EDG)
APPLICANT PERFORMANCE APPRAISAL**

Employee Development Grant Applicant _____

Date _____

This evaluation will be used to assist in the determination of employee eligibility for the Employee Development Grant through Nebraska Methodist College. This evaluation **must** be completed and attached to the EDG application each semester. Both must be submitted to Human Resources by the designated deadline.

Work Assessment from _____ to _____ (previous 6 months/semester).

PERFORMANCE	Excellent	Effective	Ineffective
Quality of work	_____	_____	_____
Quantity of work	_____	_____	_____
Skills required for the position.	_____	_____	_____
Commitment (scheduled hours, attendance, punctuality)	_____	_____	_____
Communication	_____	_____	_____
Professional demeanor/attitude	_____	_____	_____
Customer/patient interaction	_____	_____	_____
Teamwork/supports goals of dept./staff	_____	_____	_____
Organizational Skills	_____	_____	_____
Adaptability/flexibility	_____	_____	_____

See reverse side for additional information of requirements in each category.

To be recommended for EDG, the employee must MEET MINIMUM REQUIREMENTS of EFFECTIVE in all categories and must not have had disciplinary action within the last 6 months and must have "good standing" employment status. If minimum requirements are not being met, applicant may be reevaluated again for the next semester.

If evaluation rates employee as "ineffective" in any category, please indicate the reason and recommend what improvements can be made to develop these areas.

Discipline or corrective actions taken in past 6 months: YES ___ NO ___ If yes, please explain:

Currently in "good standing" employment status: YES _____ NO _____ If no, please explain:

Meets performance requirements for. Employee Development Grant: YES _____ NO _____

Signatures:

Department _____

Supervisor/Manager _____ Date _____

Employee _____ Date _____

QUALITY OF WORK

Knows job responsibilities and follows instructions in order to complete work to the satisfaction of the supervisor and the institution. Uses proper work habits. Helps to maintain a clean, safe environment for patients, visitors and staff.

QUANTITY OF WORK

Amount of work accomplished within time guidelines established for the position.

SKILLS REQUIRED

Demonstrates skills necessary to accomplish job responsibilities. Correctly reports & documents job-related duties as required.

COMMITMENT /SCHEDULED HOURS

Complies with scheduled hours. Meets standards for attendance & punctuality. Works additional hours or non-scheduled days, if asked.

COMMUNICATION

Uses good verbal skills to discuss job-related issues and problems. Offers ideas or suggestions.

PROFESSIONAL DEMEANOR/ ATTITUDE

Maintains a positive, professional attitude in workplace. Supports goals of unit and colleagues.

CUSTOMER/PATIENT INTERACTION

Demonstrates courtesy, tact and good judgment in interacting with patients, staff & guests.

TEAMWORK APPROACH

Demonstrates cooperative attitude, willingness to help others and promotes a teamwork environment by encouraging others to do the same.

ORGANIZATIONAL SKILLS

Prioritizes work duties. Keeps supplies & equipment in an organized manner.

ADAPTABILITY /FLEXIBILITY

Accepts day to day procedural changes as necessary. Accepts other duties as assigned with a positive attitude.

Rev 7/09