



# Clear Hills County

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| Effective Date: <b>July 22, 2025</b>                    | Policy Number<br><b>6805</b> |
| Title: Health Care Professional Return-to-Service Grant |                              |

## 1. **PURPOSE**

To support and encourage individuals to pursue education and training in health care fields by providing financial assistance for accredited certificate or post-secondary programs. Recipients commit to returning to work in a health care role within Clear Hills County for a minimum of three (3) years.

## 2. **POLICY STATEMENT**

Clear Hills County offers a onetime grant of up to \$5,000.00 per recipient to assist with costs related to accredited certificate or post-secondary health care education programs. Recipients must agree to work in a health care capacity within Clear Hills County for at least three (3) years after completing their program. Failure to meet this commitment requires full repayment of the grant.

## 3. **ELIGIBILITY**

Applicants must:

- 3.1. Be Canadian citizens or permanent residents.
- 3.2. Have lived in Clear Hills County for at least one (1) year before applying.
- 3.3. Be enrolled in or accepted into an accredited health care certificate or post-secondary program (e.g., nursing, paramedicine, medical laboratory technician, physiotherapy assistant, etc.).
- 3.4. Demonstrate intent to work in Clear Hills County in a health care role upon program completion.
- 3.5. Not be receiving conflicting return-to-service funding from other sources.

## 4. **APPLICATION PROCESS**

- 4.1. Submit a completed Health Care Professional Return-to-Service Grant Application Form.
- 4.2. Applications reviewed and approved by Council or its delegate.
- 4.3. Funding decisions based on community need, qualifications, and budget.

## 5. **GRANT DISBURSEMENT**

- 5.1 Maximum onetime grant of \$5,000 per recipient.
- 5.2 Funds released based on proof of enrollment and academic progress.
- 5.3 Grant agreement outlining obligations must be signed before funds are released.

**6. RETURN TO SERVICE REQUIREMENT**

- 6.1** Begin employment in a health care role within Clear Hills County within six (6) months after program completion.
- 6.2** Maintain continuous employment for at least three (3) years.
- 6.3** Full grant repayment required if obligation is not met within timelines.

**7. REPAYMENT TERMS**

- 7.1** Full repayment required if return-to-service commitment is breached.
- 7.2** Repayment terms detailed in the grant agreement.
- 7.3** Interest may apply to unpaid balances.

**8. END OF POLICY**

**9. ADOPTED**

**RESOLUTION C400-25**

**Date: July 22, 2025**

## Clear Hills County

### Health Care Professional Return-to-Service Grant Application

#### SECTION A: APPLICANT INFORMATION

Full Name:

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Mailing Address:

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Email Address:

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Phone Number:

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Date of Birth (MM/DD/YYYY):

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Canadian Citizen or Permanent Resident: ☐ Yes ☐ No

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Have you lived in Clear Hills County for at least one year prior to this application? ☐ Yes ☐ No

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If yes, provide approximate dates of residence:

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#### SECTION B: EDUCATIONAL PROGRAM INFORMATION

Program Name:

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Institution Name:

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Program Type: ☐ Certificate ☐ Diploma ☐ Degree ☐ Other: \_\_\_\_\_

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Program Start Date:

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Expected Program Completion Date:

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Proof of Acceptance or Enrollment Attached: ☐ Yes ☐ No

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## Clear Hills County

### Health Care Professional Return-to-Service Grant Application

#### SECTION C: RETURN TO SERVICE INTENT

Please describe your intention to work in a health care role within Clear Hills County upon completion of your program.

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#### SECTION D: CONFLICTING FUNDING

Are you receiving any other return-to-service financial assistance or funding? ☐ Yes ☐ No

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If yes, please describe:

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#### SECTION E: DECLARATION & AGREEMENT

I, the undersigned, certify that the information provided in this application is true and complete. I understand and agree that:

- I must enter into a formal agreement with Clear Hills County before grant funds are released.
- I must begin work in a health care capacity within Clear Hills County within six (6) months of program completion and remain employed for a minimum of three (3) years.
- If I do not fulfill the return-to-service commitment, I will be required to repay the full grant amount, and interest may apply.

Signature of Applicant:

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Date:

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#### SECTION F: CHECKLIST - REQUIRED DOCUMENTS

- ☐ Proof of residency in Clear Hills County for at least one year
- ☐ Proof of enrollment or acceptance into an accredited health care program
- ☐ Written statement of intent to return to work in Clear Hills County
- ☐ Any supporting documents related to funding status (if applicable)

## Clear Hills County

### Health Care Professional Return-to-Service Grant Application

#### FOR OFFICE USE ONLY

Date Received:

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Reviewed By:

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☐ Approved   ☐ Denied

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Reason (if denied):

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Council Resolution or Delegate Approval Reference:

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