

MARVA JEAN JACKSON (MJJ)

Rural Community Health Scholarships

APPLICATION COVER SHEET

Application Date: _____

NAME OF ORGANIZATION (*Applicant*): _____

NAME OF PROGRAM: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: CO ZIP: _____

COUNTY: _____

PHONE: _____ FAX: _____

E-MAIL: _____

Scholarship Recipient: _____

Training/Certification Goal: _____

*Start Date: _____

Amount Requested: _____

Total Training/Certification Costs: _____

**Note: The scholarship recipient must currently be enrolled in classes or start training within three months of the application date.*

Please attach this form to the front of your application.

Internal Use Only

Date Received: _____

Grant number #: _____

Initial Review Finding: _____

Date applicant notification sent: _____

MARVA JEAN JACKSON (MJJ)

Rural Community Health Scholarships

GENERAL APPLICATION GUIDELINES

The Colorado Rural Health Center offers Marva Jean Jackson Rural Community Health Scholarships to support rural "grow your own" efforts. Evidence has shown that one of the factors that will influence a provider's choice of practice location is his or her "roots." People from a rural area are more likely to practice in a rural area. Programs that support healthcare training and education for people from rural areas have proven to be an effective tool in helping address the rural workforce shortage.

Criteria

These grants are intended to match rural community programs that support healthcare training and education for people from their community. For example, this program would support a new medical, pharmacy, or dental school student, or a nurse seeking advanced training, or a medical assistant training to become a lab technician. The scholarship recipient must currently be enrolled in classes or start training within three months of the application date.

Eligibility

- These grants are limited to communities in non-metropolitan counties of Colorado. This would exclude communities in the counties of Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, and Weld. The Grants Review Committee may occasionally consider compelling applications from smaller, isolated communities (within the metro counties) with health workforce shortages.
- The applicant can be a public or private entity.

Amounts

Rural communities can apply for up to \$1,000 per year. Awards are only made for one year, although applicants can reapply for subsequent years.

Expectations

CRHC will match, *two-to-one*, grant dollars provided by a facility's or community's own scholarship program, and evidence must be provided that the matching contribution was made. Applicants must agree to participate in program evaluation reporting, which would involve tracking and contacting the applicant and their recipients to help determine the effectiveness of this program.

Application and Review Process

CRHC accepts applications throughout the year. Grant applications must be submitted to:

Colorado Rural Health Center
3033 S. Parker Rd., Ste. 606
Aurora, CO 80014

Staff will conduct an initial assessment to determine if the application meets funding criteria and if the necessary information is included. If the application is incomplete or does not meet criteria, the applicant will be notified that the grant is ineligible. If the application meets criteria and is complete,

the applicant will be notified that their grant application has been accepted and will be forwarded for review. At that time, CRHC will also provide the time line for review and notification.

CRHC assembles a Grants Review Committee (GRC) consisting of board members, staff, and community representatives. This usually occurs within two weeks of the receipt of the application by CRHC. The GRC can approve applications as submitted or attach restrictions or limitations.

CRHC staff will notify applicants right away of the award decision. If a grant is not approved, CRHC will provide the rationale of the GRC. If approved, staff will send a Letter of Acceptance outlining the award made, any conditions, and reporting expectations. The applicant must sign the letter, agree to the conditions, and return it to the CRHC.

APPLICATION FORMAT AND CONTENT

The entire application should be no more than five (5) pages. The narrative portion of the application should include the following:

1. Application Cover Sheet

2. Recipient Information

Recipient

- Please provide recipient's name, current position, career goals, and personal impact on the community.
- Describe the benefit the community will receive from the recipient's additional training.
- Please describe any requirements or expectations of practice commitment following completion (i.e. years of service, penalties for defaulting, etc.)

3. Program Information *(Optional – If a community has an established scholarship program, please also include the following information with the application)*

Description of Program

- When did the program start?
- Please give a brief history of the program's development.

Description of Program Participants

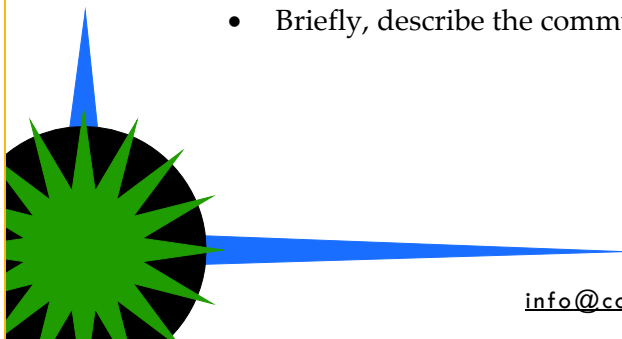
- What kind of healthcare providers will your program support? (i.e. RN's, MD's, Radiology Technicians, Chiropractors, etc.)
- What are the eligibility requirements?
- What is the selection process?
- How many "graduates" have you had?

Budget

- What is the overall budget of the program?
- What are the awarded scholarship amounts? What is the request from CRHC?

Community Workforce Needs

- Briefly, describe the community's workforce needs that this program helps address.



3033 S Parker Rd., Ste. 606
Aurora, CO 80014
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COLORADO
RURAL HEALTH
CENTER
The State Office of Rural Health