

MARVA JEAN JACKSON (MJJ)

Rural Community Health Scholarships

ABOUT

The Colorado Rural Health Center has created the 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/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 & ELIGIBILITY

*These grants are intended to match rural community programs that support healthcare training and education for people **from their community**.*

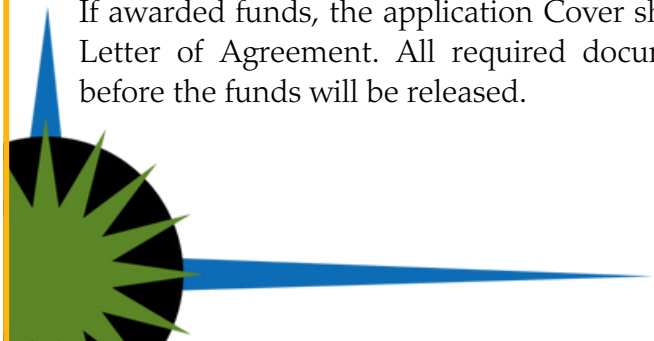
- Must be a CRHC member to apply
- Applicants must be located in a rural, or non-metropolitan, county in Colorado.
- The scholarship recipient must currently be enrolled, registered, or start their certification, conference, education, or workshop event within three (3) months of the application date.
- The applicant organization can be a public or private entity.
- All awards are paid to the organization, and not the scholarship recipient.
- Amounts are awarded up to \$1,000.00 per organization, per year. You may re-apply for subsequent years.
- The applicant organization must provide some initial funds. CRHC will provide a Two – to – One match of those initial funds. Evidence must be provided to **prove the match contribution was made before funds are released.**

APPLICATION & REVIEW PROCESS

*MJJ applications are accepted through the calendar year until **May 31st**. Applications should be submitted online at <http://coruralhealth.org/mjj>.*

After the application is received and determined it's eligible to receive an MJJ award, it will be submitted to our Grant Review Committee (GRC) for review. After review, applicants will be notified of the application's status (either being awarded or denied).

If awarded funds, the application Cover sheet must be signed, and will act as the grant's Letter of Agreement. All required documentation items must be received by CRHC before the funds will be released.



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APPLICATION FORMAT AND CONTENT

Application Cover Sheet

Narrative

Scholarship Recipient Information

- Provide background information on the scholarship recipient. Tell us who they are, what personal qualities make them exceptional and a benefit to your organization.
- Describe their current position and how long they've worked for your organization.
- What is the benefit your community will receive from the additional training for the scholarship recipient?
- Are there any requirements, or expectations, of commitment from the scholarship recipient upon completion of this training/education? If so, please outline them.

Applicant Organization Information

- Does your community have an established scholarship program?
- If so, please answer the following:
 - Provide a brief overview outlining the program and its purpose
 - What kind of healthcare providers does your program support
 - What are the eligibility requirements for providers to receive program support
- Describe the community's need for better trained "home grown" professionals.

Scholarship Recipient Letter

Please have the scholarship recipient submit a letter addressing the following:

- Background information: What are their career goals? Where do they see themselves professionally in the future? Do they plan on staying in the area long term?
- Briefly outline the course's objectives
- How long is the course, and why is it necessary in order to reach the scholarship recipients career goals, and your community needs
- Why they would like to continue their education
- Why should they receive this award?
- How it will benefit their organization and community?

Training/Course Documentation

- Please attach any course descriptions or information (ie: course outline, official description of the course, timeline of course teachings, etc)
- OR course registration confirmations