



# Alberta Lymphedema Association

A VOICE FOR LYMPHEDEMA

## Scholarship for Aspiring Lymphedema Therapists Information Sheet

**Objective:** In order to further the goal of improving access to care for individuals in Alberta who are impacted by lymphedema, the Alberta Lymphedema Association (ALA) will grant partial scholarships to qualified individuals wishing to become Certified Lymphedema Therapists.

**Scholarship Amount:** up to \$3000 CAD (covering approximately 67% of the entire program cost)

**# of Scholarships to Be Granted:** 6

**Scholarship Frequency:** One time only

- In the case where 6 successful applicants are not found by the end of the 2024 calendar year, the remaining scholarships will be open for applications in 2025
- The scholarship program will be evaluated on an annual basis to determine its continuance into the following calendar year based on program efficacy and availability of funds

**Applicable Institutions:**

- ACOLS Academy of Lymphedema Studies
- Dr. Vodder School
- Klose Training – Academy of Lymphedema Studies
- Norton School of Lymphatic Therapy
- Chikly Health Institute

**Applicable Courses:**

- Lymphedema training courses from the applicable institutions must be 135 hours or more, per Lymphology Association of America guidelines
- For courses with multiple levels, funds can be used towards the *final* level of certification and the successful applicant will be reimbursed for the previously-completed levels up to a total amount of \$3000 CAD. Appropriate documentation and receipts is required.

**Eligibility Criteria for Applicants:**

- Must be a resident of Alberta
- Must have been formally accepted into a 135-hour lymphedema training program at one of the applicable institutions
- For institutions with multi-levelled courses, must have completed all of the levels prior to the final certification level
- Must submit a copy of the Application Form (see page 3 of this document)
- Must submit a current copy of their professional CV/resume
- Must submit a statement of interest outlining the reasons for their interest in pursuing the program. This statement of interest may be in the form of EITHER:
  - A brief essay (~500 words)
  - A short video (~2 minutes)
- Must submit two signed letters of reference from an employer, professor, or patient



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## **Selection Criteria:**

- All eligibility criteria have been met and supporting documentation has been provided, where applicable
- Representation from different areas of the province, especially rural and remote areas, will be a primary consideration
- Statements of interest will be assessed on a rolling basis by each member of the selection committee based on alignment with ALA's mission

## **Selection Committee:**

- The selection committee will consist of ALA's current Board of Directors, except where a conflict of interest has been identified
- ALA's Board of Directors is made up of patients and other community members who have an interest in improving conditions and access to treatment for individuals in Alberta who are impacted by lymphedema
- ALA Board Directors are volunteers and do not receive remuneration of any kind for their service to ALA



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## Scholarship for Aspiring Lymphedema Therapists Application Form

**Application deadline for the current selection process is August 31, 2024**

Date Submitted: \_\_\_\_\_

Due Date for  
Program Fees: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Application  
Checklist:**

- I am a current resident of Alberta
- I have included/attached proof of my acceptance to a 135-hour lymphedema training program at one of the accredited institutions, as outlined in the Information Sheet
- I have included/attached a current copy of my professional CV/Resume
- I have included/attached my Statement of Interest, either in the form of a 500-word essay or a 2-minute video
- I have included two different signed letters of reference from an employer, professor, or patient

Please submit your completed application with all supporting documentation by email **OR** by mail prior to the application deadline:

**Email to:** [avickery@albertalymphedema.com](mailto:avickery@albertalymphedema.com)

or

**Mail to:**

Alberta Lymphedema Association  
901, 188 15 Ave SW  
Calgary, AB  
T2R 1S4

**Please note: Incomplete applications will not be considered.**