

Education Assistance Application



1301 East H St.
P.O. Box 1328
McCook, NE 69001-1328
308.344.2650
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www.chmccook.org

Community Hospital Education Assistance Program

Community Hospital's Education Assistance Program offers participants the opportunity to advance their education and become a team member at our regional healthcare facility located in McCook, Nebraska. The mission of Community Hospital is to excel at providing for the healthcare needs of our region through quality, efficient and patient-centered care.

The Education Assistance Program is financed by contributions from employees, medical staff and community members who believe in quality healthcare. This program is supported in order to recruit and retain well-educated, dedicated employees for Community Hospital.

Information

- Eligibility:** Students enrolled in accredited healthcare programs are eligible. This does not include prerequisites. An application must be completed and submitted. An interview will be scheduled with each qualified applicant and the Community Hospital Education Assistance Committee.
- Education Assistance:** Two distinct opportunities exist for Education Assistance. The same application can be used for both.
 - General Assistance:** This opportunity is considered a loan until employment at Community Hospital is gained. The general assistance has the forgiveness provision attached.
 - Scholarship Assistance:** This opportunity has been provided by individual donors who support quality healthcare. The scholarship assistance does not require repayment or forgiveness.
- Forgiveness Provision:** General Assistance is considered a loan intended for persons interested in employment at Community Hospital following graduation. Employment at Community Hospital is contingent on availability of jobs and pre-employment screens.
 - Forgiveness begins upon completion of degree or certification, after recipient becomes employed by Community Hospital.
 - Payback for the loan with an interest penalty will result if provisions are not met.
- Application Deadlines:**
March 15 and September 15

Requirements

Please complete the attached application form and return it with the following attachments:

- Autobiography:** Write a brief autobiography including information about yourself, your family, special interests, extracurricular activities, and volunteer work.
- Personal References:** Include two written personal references. One reference letter from a faculty member of your school should include an evaluation of your clinical performance. The second reference from a non-relative should furnish information on your personal character.
- Transcripts:** Include a copy of your most recent academic transcripts.
- Itemized Statement:** Include a copy of the tuition statement from your intended course of study.
- Acceptance Letter:** Include a copy of your acceptance letter from the proposed program.
- Essay:** Include a typed essay of 250 words or less entitled, "Why I Have Chosen the Health Field I Am Pursuing." Include the personal and professional goals you hope to achieve as a healthcare professional and what this assistance means to you.

Mail completed application to:
Education Assistance Program
Community Hospital Health Foundation
PO Box 1328
McCook, NE 69001-1328

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Intention

Please indicate education assistance desired (explained on previous page):

- General Assistance Scholarship Assistance Both

Personnal Data

Name _____ Social Security # _____

Current Address _____

City _____ State _____ Zip Code _____

Permanent Address _____

City _____ State _____ Zip Code _____

Current Phone _____ Alternate Phone _____

E-mail Address _____

List any relative(s) employed at Community Hospital and your relationship _____

Education

High School Attended _____

Proposed School and Program _____

Proposed Occupation _____

Specialty or Area of Interest _____

Month and Year of Anticipated Completion _____

Employment History

Acceptance to the Community Hospital Educational Assistance program is based on an intention to seek future employment with Community Hospital. Therefore, it may be necessary to verify employment and obtain references from previous employers. If you have been previously employed, please provide the following information.

Please list all previous employment from high school to present, listing present or most recent job first.

1. Name of Firm _____
Address of Firm _____
Type of Business _____ Immediate Supervisor _____
Position _____ Employed: From _____ To _____
Reason for Leaving _____
2. Name of Firm _____
Address of Firm _____
Type of Business _____ Immediate Supervisor _____
Position _____ Employed: From _____ To _____
Reason for Leaving _____
3. Name of Firm _____
Address of Firm _____
Type of Business _____ Immediate Supervisor _____
Position _____ Employed: From _____ To _____
Reason for Leaving _____

Application Authorization:

I do hereby grant Community Hospital permission to contact the above mentioned employers to obtain information relative to my job performance. I affirm that the answers to the foregoing questions are true and correct. I understand that Community Hospital shall not be liable in any respect if my loan or future employment is terminated due to false or misleading statements.

Signature _____ Date _____

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex religion, age, disability, or marital or family status. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). "USDA is an Equal Opportunity provider, and employer."