

Great River Health Systems
NON-EMPLOYEE LOAN SCHOLARSHIP APPLICATION

APPLICATION INSTRUCTIONS:

Print or type all information. If information requested is not applicable or unknown, write N/A or unknown. Completion of starred items (*) is optional, however, these items provide information that is helpful to the Tuition Assistance Committee. **Applications will not be processed that do not contain all of the required information. APPLICATION DEADLINE DATE: May 31st of the current year.**

For your application to be considered, the following must be completed:

1. **TRANSCRIPTS ARE REQUIRED.**
(Copies of post-secondary school transcripts must be attached to the application form. If you have not attended any education institution since high school, attach a copy of your high school transcript.)
2. **DOCUMENTS VERIFYING FINANCIAL RESOURCES ARE REQUIRED (W-2 Forms).**
3. **TWO LETTERS OF RECOMMENDATION ARE REQUIRED.**
(Include one professional or business reference written within the last 3 months).
4. **PLAN OF STUDY**

PERSONAL INFORMATION

Name		
Address		
City, State, Zip		
Phone	Email	Social Security Number
*Date of Birth		*Marital Status
*Number & Ages of Children		*Ethnic Background

EDUCATIONAL BACKGROUND

	SCHOOL NAME	ADDRESS	YEARS ATTENDED	*GRADUATION DATE	CERTIFICATION, DIPLOMA, OR DEGREE ACQUIRED
HIGH SCHOOL					
TECHNICAL, COMMUNITY, OR JUNIOR COLLEGE					
COLLEGE OR UNIVERSITY					

Please answer the following questions as completely as possible. If more room is needed to answer any of the questions, attach extra sheets of paper, labeled with your name and the question number.

1. Why should you receive GRHS Non-employee Tuition Assistance?

2. Do you have any information concerning your financial or home situation that might be pertinent to this application for a loan/scholarship?

3. What are your academic and career goals? (For example: Why do you want to go into health care? What do you plan to do with your degree? What are your long-range career plans?)

4. List any extracurricular activities, achievements, special honors/awards, memberships, participation, etc., in your community or school.

EMPLOYMENT HISTORY (Start with the most recent first)

FROM	TO	EMPLOYER	PHONE
SUMMARIZE THE NATURE OF JOB RESPONSIBILITIES		ADDRESS	SUPERVISOR & TITLE
FROM	TO	EMPLOYER	PHONE
SUMMARIZE THE NATURE OF JOB RESPONSIBILITIES		ADDRESS	SUPERVISOR & TITLE
FROM	TO	EMPLOYER	PHONE
SUMMARIZE THE NATURE OF JOB RESPONSIBILITIES		ADDRESS	SUPERVISOR & TITLE

REFERENCES

NAME & ADDRESS	BUSINESS OR AFFILIATION	PHONE & EMAIL	YEARS KNOWN

NOTE: Letters of recommendation must be attached. Include one professional or business reference.

HOW WILL TUITION ASSISTANCE AWARD BE USED:

Institution you plan to attend _____
School _____ City _____ State _____

Enrollment Date _____ Field of Study _____ Degree Sought Bachelor Associate

Have you been accepted at this institution? YES NO Anticipated Graduation Date _____

FINANCIAL RESOURCES

To the best of your knowledge, please indicate by source and by amount the financial resources you have available to support your educational expenses.

Applicant's income _____
(Adjusted gross income)

Family or parental income _____
(Adjusted gross income)

Other scholarships/grants/loans _____
(Annual amount received or estimate)

Other sources _____

If you are currently attending or are accepted for attendance at a post-secondary institution, what are your anticipated expenses?

Tuition (annual cost) _____	Total Amount Requested _____
Room & Board (annual cost) _____	
Books & Fees (annual cost) _____	

How will you finance your schooling? _____

I voluntarily give the Great River Health System's Tuition Assistance Committee the right to make an inquiry into my past academic activities and to contact the references I have listed above. I release from liability any persons or institutions that provide said committee with any information.

I verify that to the best of my knowledge all of the information contained within this application is correct.

SIGNATURE _____ DATE _____

Send this form and all other application materials to:

Education Director - Great River Health Center
1221 South Gear Avenue
West Burlington, IA 52655
(319) 768-4000