



Pinckneyville Community Hospital

Leading the way to a healthier tomorrow.

Date Received: _____

Educational Assistance Application

Details of Pinckneyville Community Hospital's Educational Assistance program guidelines can be found in the ACC1040 – Educational Assistance Policy. Copies are available upon request if not already attached to this application.

Name: _____

Address: _____ Phone: _____

Education being pursued by applicant: _____

College/University: _____

- On-campus
- Online, web-based

Length of program (# of semesters): _____ Anticipated Graduation/Completion Date: _____

Total Estimated Education Costs (tuition, books, fees): Amount* _____

*Amount requested should relate to the cost of obtaining the education related to this application. A statement from the college or university showing estimated costs for tuition, books and fees should be attached to support the educational assistance amount requested above. If applicant will need to complete testing in order to obtain a state license to practice in the profession, then a copy showing the required testing fees should also be attached and included in the education assistance amount if applicable.

Current employer & occupation: _____

Hire Date or years employed at current employer: _____

Duties: _____

List below the other jobs you have had in the past ten (10) years:

<u>Employer</u>	<u>Duties</u>	<u>Dates</u>

Do you plan to work while attending school? ___ Full-time ___ Part-time ___ No

High School from which you graduated: _____

If GED, please explain: _____

College from which you graduated (if applicable): _____

How long have you lived in the community in which your currently reside? _____

Do you plan to remain at your present place of residence? ___ Yes ___ No

If No, please explain in your cover letter to the Educational Assistance Committee.

Applicants are obligated to apply for any available financial assistance from the college or university and copies of the applications and responses are to be attached. What type of other financial assistance have you applied for? If you have not applied for Pell Grant, ISSC, MAP Grant, etc., please explain why.

By completing this application, I attest that I have truthfully reported all awarded financial assistance received from other resources. I understand that failure to accurately report said outside financial assistance may subject any awarded educational assistance to full repayment to the Hospital.

References:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
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I (print name) _____ hereby state that the information provided in this application is accurate and truthful. I have read the Pinckneyville Community Hospital Educational Assistance Policy and hereby agree to the terms and conditions set forth within. I also hereby give permission to Pinckneyville Community Hospital District, 5383 State Route 154, Pinckneyville, IL 62274, to obtain results of my achievement and aptitude tests, a copy of my current transcripts of credits, copies of Pell, MAP and any other grant applications and awards received plus any information needed to consider my application and administer payments to me under the educational assistance program.

Applicant Signature: _____ Date: _____

Required Attachments:

1. Proof of enrollment (if already obtained).
2. Statement from college showing estimated costs for tuition, books and fees to complete the education program. If applicable, attach a copy of fees payable for state license certification exam. If already enrolled in program, copies of receipts on paid educational expenses.
3. Copies of financial assistance applications such as Pell Grant, ISSC, MAP Grant, etc.
4. Three letters of recommendation.
5. Letter to the Educational Assistance Committee expressing educational interest, how the education applies to the applicant's service at Pinckneyville Community Hospital, long and short term career/employment goals and financial need.

Educational Assistance Award Authorization

CEO: _____ Date: _____

Educational Assistance Committee: _____ Date: _____