

Certified Nursing Assistant (C.N.A.) Scholarship Program Application

C.N.A. Scholarship Program

FHN recognizes the need for a well-trained staff. In keeping with our aims and objectives for staff development, FHN and the Workforce Connection have partnered to provide the following scholarship program to assist in the training of Certified Nursing Assistants (C.N.A's).

NATURE OF PROGRAM - To provide scholarship and employment to qualified individuals completing the C.N.A. Program.

COMMITMENT - The program provides scholarship funds to recipient and will provide employment after completion of the coursework. The scholarship provides full payment for tuition, books, lab fees, and other program required fees.

FHN reserves the right to designate qualifications for all terms and conditions applicable to participation in this program.

CRITERIA FOR QUALIFICATION -

- Each candidate must be enrolled in or have applied for enrollment in an approved C.N.A. program
- Must be eligible for employment at FHN at the completion of the C.N.A. coursework
- Complete C.N.A. Scholarship Application and Interview

APPLICATION PERIOD - Applications will be available online at www.fhn.org and application deadlines will be communicated quarterly.

SELECTION PROCESS - All applications will be reviewed by the Scholarship Committee, which shall be comprised as follows: Human Resources Representative(s), Nursing Leadership and Professional Development. The committee will base their recommendation on areas of PRIDE Standards, previous educational development, and the references/recommendations submitted with the application. Interviews of applicants will be required.

ENROLLEE'S RESPONSIBILITIES - Selected applicants will be required to execute a note payable to FHN providing for repayment of all scholarship funds in the event that the program is not completed or employment is terminated. The staff member will be responsible for completing two years of employment as a C.N.A. or another approved position with FHN following completion of the program.

Additionally, the C.N.A. program must be completed within six (6) months from the Committee's approval. If the program is not completed, or if applicant does not accept employment with FHN.

F H N Freeport, Illinois

C.N.A. Scholarship Program Application

| NAME (Last) | (First)_ | | (Middle) | |
|-----------------------------------|----------------------------|----------------|-----------------|-----|
| PHONE | | | | |
| EMAIL | | | | |
| HOME ADDRESS_ | | | | |
| CITY, STATE, ZIP | | | | |
| CURRENT/PREVIC | OUS EMPLOYMENT (last 5 | years) | | |
| Employer | Dates of Employment | Title | Reason for Leav | ing |
| | | | | |
| | | | | |
| Please feel free to us questions. | se a separate document for | completion of | the remaining | |
| SHORT-TERM CAP | REER/EDUCATIONAL GOA | ALS (Next 5 ye | ears) | |
| | | | | |
| | | | | |
| | | | | |
| LONG-TERM CAR | EER/EDUCATIONAL GOA | LS | | |
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| Explain how this scholarship will benefit you, your career goals, and the organization. |
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| Please submit a minimum of 2 letters of recommendation (1 professional, 1 personal) for participation in the C.N.A. Scholarship Program (Professional references include professors, teachers/instructors, supervisors/managers) |
| I understand the purpose and commitments of the C.N.A. Scholarship and agree to the commitments specified in the program. |
| Signature Date |
| |
| Applications may be submitted to coil@fhn.org . |