



HCH EMPLOYEE TUITION ASSISTANCE PROGRAM

Henry Community Health wants to encourage Care Team Members to further their education in a healthcare related field. In addition to the Henry County Hospital Foundation scholarships, HCH now has money available for tuition assistance for our Care Team Members. HCH is accepting applications year-round for tuition assistance to help supplement the costs of higher education in healthcare.

Tuition assistance monies will mainly be reserved for Care Team Members seeking further education in difficult to fill positions within HCH, but don't let that deter you from applying. Care Team Members must continue to work at HCH for 1-3 years (depending on award amount) after award is received or pay back the entire amount upon termination.

You must submit all required parts of the application to be considered by the scholarship committee. That includes:

1. A completed copy of the tuition assistance application.
2. Indicate what secondary education facility in which you are enrolled and the requested tuition amount. If you would like to request assistance for textbook and/or supply fees, please explain on the application and provide requested amount.
3. Indicate what degree you are working towards and tentative completion date.
4. Attach proof of enrollment including classes and estimated cost of yearly tuition.

Forward completed application and required information any time (**NO DEADLINE**) to:

HCH Administration
Attn: Scholarship Committee

***You must maintain a GPA of at least 2.0 for each semester you receive tuition assistance. Proof of your grades/GPA and next semester tuition invoice must be submitted to the scholarship committee for release of the next semester tuition assistance payment.*



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APPLICANT FULL NAME		TUITION ONLY AMOUNT REQUESTED (yearly)	
<div style="background-color: #cccccc; width: 100px; height: 40px; float: left; margin-right: 10px;"></div> If requesting textbook and/or supply fees, please explain supplies and provide amount requested.			
HOME ADDRESS		APT #	
CITY		STATE	ZIP
PHONE #		EMAIL	
CURRENT HCH POSITION & DEPARTMENT			<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> PRN
UNIVERSITY/COLLEGE/VOCATIONAL SCHOOL ATTENDING		ENROLLMENT STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME or MORE <input type="checkbox"/> PRN LESS THAN PART-TIME	
PLEASE EXPLAIN IF NOT CURRENTLY ENROLLED			
SCHOOL ADDRESS			
CITY		STATE	ZIP
DEGREE		PROSPECTIVE GRADUATION DATE	
**Tuition assistance of \$2,000 or more could require a work committment with Henry Community Health upon completion of your degree. Would you accept tuition assitance with a work committment?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
IN SUBMITTING THIS APPLICATION, I CERTIFY THAT THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFICATION OF INFORMATION MAY RESULT IN TERMINATION OF ANY SCHOLARSHIP GRANTED.			
APPLICANT'S SIGNATURE		DATE	

PERSONAL BACKGROUND INFORMATION

Describe your work experience with Henry Community Health or past few years if newly hired.

Other Positions Held at HCH	Length of Employment	Hours per Week

Describe your goals and why you want to further your education.

*** REMINDER TO ATTACH PROOF OF ENROLLMENT INCLUDING CLASSES AND ESTIMATED COST OF YEARLY TUITION.