

DEARBORN COUNTY HOSPITAL FOUNDATION
R.N./RESPIRATORY THERAPIST/LAB TECH/PHYSICAL THERAPIST ASSISTANT
GRANT/LOAN PROGRAM--2010

The Dearborn County Hospital Foundation offers a limited number of grant/loans to qualifying individuals interested in pursuing the above careers in healthcare.

APPLICANT CRITERIA

1. High school seniors or high school graduates who apply, must already be accepted to eligible local colleges or institutions such as Ivy Tech State College, Cincinnati State College, Northern Kentucky University (Respiratory), or the University of Indianapolis (PTA) and be accepted to one of the above programs. Applicants planning to attend other colleges for 2 year Associate programs must also submit for our review, college and program information including tuition and fee costs from the institution. Undergraduate degree college students must currently be pursuing one of the listed healthcare Associates degrees. Admission to one of the educational institutions and selected program is the sole responsibility of the applicant.
2. These grant loans are not limited to current high school graduates. Interested parties who have been out of high school for a while but meet application requirements are also encouraged to apply.
3. Applicants must be classified as full time students and remain full time students per the requirements of their chosen institution for the 2010-2011 school year and for subsequent school terms covered by the grant/loan.
4. All applications must be completed fully including required attachments and postmarked or returned in person to the Human Resources Office of Dearborn County Hospital by the appropriate deadline, to be eligible for consideration. Deadlines for 2010 are:
April 30 - Laboratory Technology
June 30 - Nursing, Respiratory Therapist, Physical Therapist Assistant
5. In addition to meeting above application requirements, grant/loan recipient selection will be based upon high school/college G.P.A.'s; SAT/ACT scores; successful completion and grades received in math and science courses (algebra, biology, chemistry, and in some cases physics, anatomy & physiology, etc.)
6. Applications will be accepted from applicants residing in Dearborn, Ohio, Switzerland, Ripley and Franklin counties in southeastern Indiana; southwestern Hamilton county and nearby Northern Kentucky. Preference may be given to qualified applicants from the named southeastern Indiana counties.
7. A personal interview may be required of grant/loan applicants as part of the selection process.
8. Amount of the grant/loan will be equal to tuition and academic fees required by the selected program minus adjustments equal to Indiana reciprocity rates and/or Indiana space grants. Applicants must complete all requirements for application for Indiana reciprocity and/or Indiana space grants. Textbook expenses are not included in the grant loan. Maximum grant/loan amount is a total of \$12,000.

GRANT/LOAN PROGRAM RECIPIENT PROVISIONS—If selected, then....

1. Grant/loan money will be in the form of a check made out to the educational institution and the grant/loan recipient for each academic term's tuition and required fees. (If a receipt for payment of tuition and fees is presented to DCH a check will be made payable to the student in the amount of the receipt for tuition and required fees.)
2. Grant/loans will be awarded based on the projected needs of the hospital, scholastic performance (as measured by GPA, math and science grades, and standardized tests such as the SAT and/or ACT) and related extracurricular activities/job experience. Students are permitted to receive other forms of assistance or other scholarships so long as they do not conflict with future obligations to Dearborn County Hospital as described. If other scholarships apply specifically to tuition, grant/loan amount will equal the balance of tuition and fees.
3. Once awarded a grant/loan, additional applications are not needed as long as recipient is progressing successfully as a full time student in the selected healthcare program. Grades must be provided to the Human Resources Director or designee immediately upon their receipt after each term to receive grant/loan funds for the next term.
4. Recipients of grant/loans must remain in good standing with their academic institution and program until graduation with a Associate's degree in selected program.
5. These Student grant/loans are repayable. Repayment shall be made by the following method:
Employment at Dearborn County Hospital in the ratio of 1 year of service for each academic year of financial assistance.
If the amount of tuition being forgiven at either the end of the first or second years is greater than \$5,250.00 then the amount above \$5,250.00 will be taxable. The taxes will be withheld on the payday coinciding with the repayment date. The recipient will be notified of the date and amount to be withheld prior to the payday.
If employed, recipient/employee will be entitled to salary and benefits comparable to other hospital employees with the same educational degree, qualifications, licenses and experience. Grant/loan recipients must complete and submit a DCH Employment Application 90 days before expected graduation (or eligibility for Associate's degree). If student does not fulfill the described employment obligation, all tuition and fees paid to or on behalf of the student must be repaid plus interest.
6. Dearborn County Hospital will have the sole authority to offer a healthcare student employment after graduation. If the hospital elects not to employ the recipient in a full time position, the recipient will not have to repay the grant/loan.

**DEARBORN COUNTY HOSPITAL FOUNDATION
APPLICATION FOR GRANT/LOAN FOR ASSOCIATE'S DEGREE:
R.N./RESPIRATORY THERAPIST/LAB TECH/PHYSICAL THERAPIST ASSISTANT**

To be eligible for consideration for one of the above grant/loans from the Dearborn County Hospital Foundation, please complete the attached application thoroughly and accurately. Please review and return the checklist below with your application to ensure you have included all information required. Maximum grant/loan amount is a total of \$12,000.

<u>I have included:</u>	<u>Included</u>	<i>Check One</i>	<u>N/A</u>
1. A <u>completed</u> Application for grant/loan for Associate's Degree as listed above. This includes my personal statement of career goals.	[]		[]
2. (If you are a high school senior or have not attended college previously) a copy of my high school transcript.	[]		[]
3. A copy of my acceptance letter from Northern Kentucky University, Cincinnati State College, Ivy Tech, or the University of Indianapolis or other* <u>and</u> documentation of acceptance to one of the specific Associate programs listed (or approval to start the technical sequence of courses at Cincinnati State). *Requires complete college and clinical program information including cost of tuition and fees.	[]		[]
4. (If you previously attended or are currently attending Ivy Tech, NKU, Cincinnati State or another college,) also a copy of my college grades from starting date to the most recent grading period.	[]		[]

Please return this completed information sheet with your application materials to:

**Pat Sutton, Director of Human Resources
Dearborn County Hospital
600 Wilson Creek Road
Lawrenceburg, Indiana 47025**

If you have any questions or need additional information, please contact the Dearborn County Hospital Human Resources Office at (812) 537-8120 or 1-800-676-5572 ext. 8120 during normal business hours.

Failure to return this completed application with supporting documentation postmarked no later than appropriate deadline listed on page one, and as requested above, may result in ineligibility for consideration in the selection of recipients of a grant/loan from the Dearborn County Hospital Foundation.

Thank you for your interest in the DCH Foundation Grant/loan Program and good luck in your educational endeavors.

The Board of Directors of the
Dearborn County Hospital Foundation

(2) FAMILY INFORMATION (Dependent Applicants)

Father's Name _____ Occupation _____

Address _____ Phone _____

Mother's Name _____ Occupation _____

Address _____ Phone _____

Parents' Dependents, other than yourself:

Name _____ Age _____ School _____ In College? Y N Yr: _____

Name _____ Age _____ School _____ In College? Y N Yr: _____

Name _____ Age _____ School _____ In College? Y N Yr: _____

(3) FOR SELF-SUPPORTING APPLICANTS

Are you financially self-supporting? Y N

If Yes, complete the following:

Are you: Single Married Widowed Divorced

List any Dependents:

_____/_____/_____/_____/Y N/_____/_____

Name Relationship Age School College Year

_____/_____/_____/_____/Y N/_____/_____

Name Relationship Age School College Year

_____/_____/_____/_____/Y N/_____/_____

Name Relationship Age School College Year

(4) EMPLOYMENT HISTORY

_____/_____/_____/_____/_____/_____

Employer's Name From To Position

Supervisor's Name, Address & Phone: _____

_____/_____/_____/_____/_____/_____

Employer's Name From To Position

Supervisor's Name, Address & Phone: _____

_____/_____/_____/_____/_____/_____

Employer's Name From To Position

Supervisor's Name, Address & Phone: _____

(5) EDUCATION

High School Location Graduation Date

College Location Graduation Date

Trade School or Other Location Graduation Date

(9) PERSONAL STATEMENT

On a separate piece of paper, in 100 words or less, please explain your reason for applying for this grant/loan and why you have chosen to pursue a career as a Registered Nurse, Respiratory Therapist, Medical Laboratory Technologist or Physical Therapist Assistant. Please type, but if not possible, print legibly and attach to this application.

(10) ACKNOWLEDGMENTS

The Dearborn County Hospital Foundation supports the principle of equal opportunity and makes grant/loan decisions without regard to race, color, religion, sex, age, national origin or disability. The Dearborn County Hospital Foundation annually reviews the feasibility of this Grant/loan Program and whether or not it adequately supports the needs of Dearborn County Hospital. The Foundation is under no obligation to continue this program if it is determined it does not meet this requirement.

Please read carefully and sign indicating your understanding.

I certify that I have read and understand all statements on this grant/loan application and that my answers and statements are true and complete. I hereby grant permission to the Dearborn County Hospital Foundation or Dearborn County Hospital to contact my past and current educational institutions, employers and personal references to verify information I have provided and to solicit and secure other information, which may be required to determine the merit of my application.

I hereby authorize any schools, colleges, or institutions of education I have attended to furnish their records or transcripts of my grades, honors, achievements, class standing, teacher's evaluations and test results, together with all information they may have concerning me whether on record or not.

I hereby release and hold harmless all parties and persons connected with any request/release of education, employment, or other information, now or in the future, from any and all claims, liabilities, causes of action, damages and expenses of any kind for whatever reason arising out of the furnishing of information.

Applicant's Signature

Date