School of Allied Health Careers

Derby-Shelton Rotary Club

Application for Tuition Assistance / Scholarship

Date_____

First and Last Name _____

Date of Birth _____ Phone _____ Email _____

Address_____

City _____ State _____ Zip _____

Number of people in the household _____

EDUCATION

Highest Grade / Level Completed:

___ College Name of College _____ Date Graduated_____

___ High School Name of High School _____

Date Graduated _____ Anticipated Date of Graduation _____

___ GED Program ___ Adult Education Program ___ Vocational / Tech Program

Date Received Certificate _____

EMPLOYMENT

____I am currently employed Employer Name, position and location _____

___ Full Time ___ Part time

___ I was formerly employed Employer Name, position and location _____

___ Full time ___ Part time

FINANCIAL NEED

____ I am only able to enroll in Griffin's School of Allied Health with support from a scholarship

____ If I am not awarded a scholarship, I will still be able to enroll in Griffin's School of Allied Health by covering tuition through:

__ Loan
__ Out of Pocket
__ Payment Plan

COURSE

I am applying for tuition assistance / scholarship for the following course:

___ Certified Nursing Assistant (CNA)
___ Patient Care Technician (PCT)
___ Phlebotomy
___ Certified Clinical Medical Assistant
___ Practical Nursing Program

ELIGIBILITY

Tuition assistance/scholarship awards are focused on providing opportunities for individuals interested in pursuing a career path in the healthcare sector and interested in securing employment immediately following completion of the program and certification obtainment. Priority is given to students with financial need.

Awards are provided directly to the School of Allied Health to help cover tuition, and not to the individual student. Awards are to be applied to the course tuition during that calendar year and cannot be transferred or deferred.

PERSONAL STATEMENT OF INTENT

Please attach details explaining your educational and professional (short term and long term) goals and how this course would benefit you. Include the following why you chose this course of study and if there are any unusual or unique circumstances that you are currently facing that are barriers in achieving your goal (minimum 500 words).

Unique circumstances could include:

___ Loss of job
___ Recent separation / divorce
___ High debt
___ Bankruptcy
___ Change in work status
___ Income reduction
___ Death in the family
___ Shared custody
___ Change in family living status
___ Medical / dental expenses
___ Child support reduction
___ Illness or injury

SIGNATURE _____ DATE _____

All information is strictly confidential. Grants are determined and awarded each year by a review process that uses an objective set of guidelines to determine eligibility factors.