

Health Careers Education Assistance



Carle is pleased to offer financial assistance for educational expenses to students enrolled in health career programs. Students may apply for an initial installment of \$2500 per semester, and an additional application may be submitted for a total assistance amount of \$5000. Some programs of study may have a higher amount of assistance available.

To qualify, you must:

- Be currently enrolled at an accredited college, school or recognized program.
- Be within 18 months of graduation.
- Have a cumulative high school or college GPA of 2.75 or above on a 4.00 scale. Consideration will be given to strong academic performance in the Sciences.
- For nursing programs, at least one semester of clinical experience must be complete at the time of application.

Application Deadline:

Complete applications and supporting documentation must be received by Carle Human Resources by the following deadlines for a student to be considered for a financial award:

Fall Semester: July 15th

Spring Semester: December 15th

Summer Semester: April 15th

Application Process:

- Obtain a student assistance packet from the Carle Human Resources Department.
- Complete and return the assistance application packet to Carle Human Resources.
- Attach a current copy of official high school or college transcripts.
- Provide three employment references from previous and current employers. If not previously employed, academic references from high school or college instructors or personal references will be accepted.
- Complete the student portion of the Request for Academic Reference forms. Forward these forms to at least two instructors asking them to complete and return in attached envelopes.
- Applicants will be asked to interview with Carle Human Resources to discuss previous experiences and future educational and professional goals.
- Carle Human Resources will make recipient selections and notify applicants within 45 days of the application deadline date.
- If selected, students will be required to sign a future work commitment agreement and attend periodic status meetings with Carle Human Resources. These meetings will discuss the student's progress through the program and offer any applicable resources needed.

General Information:

- Payment will be made directly to the recipient and applicable income taxes will be deducted.
- Those recipients that receive and accept an offer of employment may repay the amount received through service credit. Employment will begin within two months of completion of the educational program. The start date will be in coordination with Carle's orientation schedules. A commitment of 12 months of full time employment is required for each amount of \$2500 awarded.
- Termination of employment, either voluntary or involuntary, before full payment through service credit will require that the balance be paid.
- Recipients that do not receive and accept an offer of employment or fail to complete the education program must repay the balance of the scholarship within one month.

If you would like further clarification contact:

Carle Human Resources

611 W. Park Street, Urbana, IL 61801-9977

(217) 383-4000 or 1-800-22CARLE

Human.Resources@carle.com

carle.org

Health Careers Education Assistance



Subsidiaries and Affiliates

(Please print.)

Date of Application: _____

Name: _____ Social Security Number: _____
(Last) (First) (Middle)

Present Address: _____ Telephone Number: _____

Permanent Address: _____ Telephone Number: _____

E-mail Address: _____ Cell Phone: _____

Current College/School of Nursing: _____

Address: _____ Telephone Number: _____

Expected Graduation Date: _____ Cumulative GPA: _____ Date GPA Calculated: _____

School Grade Point Scale (circle one): 4.0 5.0

Health Careers Program

- ☐ Certified Medical Assistant ☐ Medical Technologist ☐ Pharmacist ☐ Sonographer
☐ EMT/Paramedic ☐ Nursing ☐ Physical Therapist ☐ Surgical Technologist
☐ Medical Lab Technician ☐ Occupational Therapist ☐ Respiratory Therapist

Education/Skills

School	Name of School City and State	Dates Attended From To		Years Completed	Courses of Study	Did you Graduate	Degree or Diploma
High School	_____					Yes / No	

College	_____					Yes / No	

College	_____					Yes / No	

Other	_____					Yes / No	

Personal References

(List references who are not relatives)

Name/Relationship to Applicant	Company and Address	Present Title	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History

List both part-time and full-time jobs. Start with present or last job (include military experience).



Name of Employer: _____ Supervisor's Name: _____

Address: _____ Your Job Title: _____

Phone: _____ Duties: _____

Dates of Employment: _____

Name of Employer: _____ Supervisor's Name: _____

Address: _____ Your Job Title: _____

Phone: _____ Duties: _____

Dates of Employment: _____

Name of Employer: _____ Supervisor's Name: _____

Address: _____ Your Job Title: _____

Phone: _____ Duties: _____

Dates of Employment: _____

Are you legally eligible for employment in the United States? Yes ☐ No ☐

Please reread this application carefully. Failure to complete all areas will delay processing of this application.

I understand that I am applying for financial assistance for my nursing education through Carle, Urbana, Illinois.

I affirm that all information I have provided in this application is accurate and correct. Further, I understand that any false statements made as part of this application will be considered sufficient cause for denial of financial assistance from Carle.

I authorize an accredited school, college or university to release any and all academic and financial aid information to Carle.

I also grant permission for the authorities of Carle to investigate my references and release Carle from any and all liability resulting from such investigation.

Candidate's Signature: _____ Date: _____

Approval: _____
Recruiter – Human Resources Date

Approval: _____
Manager – Human Resources Date

Approval: _____
Director of Human Resources Date

Request for Employment Reference

Carle Human Resources Department, 611 W. Park Street, Urbana, IL 61801, (217) 383-4000



To be completed by student:

(Please print.)

Name: _____ Social Security Number: _____
(Last) (First) (Middle)

Address: _____ Telephone Number: _____

E-mail Address: _____ Cell Phone: _____

Place of Employment: : _____

Address: _____ Telephone Number: _____

Dates of Employment: _____
Month/Year

Name of employer providing reference: _____
(Please Print)

I grant permission for Carle Human Resources to investigate my references and release Carle and my (former) employer from any and all liabilities resulting from such investigation.

Applicant Signature _____ Date _____

To be completed by employer:

(Please print.)

Is the above information correct? ☐ Yes ☐ No, if not, please list corrected information. _____

Reason for leaving: _____

Please rate him/her on the characteristics described below:

	Poor	Fair	Average	Good	Very Good
Attendance					
Ability to work with others					
Job knowledge					
Quantity of work					
Quality of work					
Overall performance					

Eligible for rehire? _____ Explanation: _____

Additional comments: _____ Respondents name: _____

Title: _____ Date: _____ Signature: _____

I may be contacted at _____ (phone number) for further information.

Please mail this form to: Carle Human Resources, 611 W. Park Street, Urbana, IL 61801-9977

Request for Employment Reference

Carle Human Resources Department, 611 W. Park Street, Urbana, IL 61801, (217) 383-4000



To be completed by student:

(Please print.)

Name: _____ Social Security Number: _____
(Last) (First) (Middle)

Address: _____ Telephone Number: _____

E-mail Address: _____ Cell Phone: _____

Place of Employment: : _____

Address: _____ Telephone Number: _____

Dates of Employment: _____
Month/Year

Name of employer providing reference: _____
(Please Print)

I grant permission for Carle Human Resources to investigate my references and release Carle and my (former) employer from any and all liabilities resulting from such investigation.

Applicant Signature _____ Date _____

To be completed by employer:

(Please print.)

Is the above information correct? ☐ Yes ☐ No, if not, please list corrected information. _____

Reason for leaving: _____

Please rate him/her on the characteristics described below:

	Poor	Fair	Average	Good	Very Good
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Ability to work with others					
Job knowledge					
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Request for Employment Reference

Carle Human Resources Department, 611 W. Park Street, Urbana, IL 61801, (217) 383-4000



To be completed by student:

(Please print.)

Name: _____ Social Security Number: _____
(Last) (First) (Middle)

Address: _____ Telephone Number: _____

E-mail Address: _____ Cell Phone: _____

Place of Employment: : _____

Address: _____ Telephone Number: _____

Dates of Employment: _____
Month/Year

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(Please Print)

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Title: _____ Date: _____ Signature: _____

I may be contacted at _____ (phone number) for further information.

Please mail this form to: Carle Human Resources, 611 W. Park Street, Urbana, IL 61801-9977

To be completed by instructor:



Student: _____

For which class of clinical rotation were you this student's instructor?: _____

Semester/year of class/clinical: _____

Professional Qualities	Exceptional	Above Average	Average	Below Average	N/A
Attendance - Reports to class on-time and prepared.					
Development Potential - Has potential for personal and professional growth.					
Leadership - Ability to assume responsibility, organize work and execute projects with others.					
Problem Solving Ability/Judgement: <ul style="list-style-type: none">• Critically evaluates facts and uses common sense to reach a reasonable solution.• Is able to interpret observations and take appropriate actions.• Seeks guidance from resources.					
Attitude/Adaptability <ul style="list-style-type: none">• Adapts to changes in the working environment and adjust without adverse reaction.• Organizational skills• Coordinated work in a logical fashion. Expedites plan in a reasonable length of time.• Adapts to unexpected change in plans.• Initiative/Motivation					
Creativity <ul style="list-style-type: none">• Demonstrates resourcefulness. Uses imagination; is not stereotyped in thinking.					
Communication Skills <ul style="list-style-type: none">• Communicates clearly both orally and in writing. Uses tact when communicating.• Listens attentively.					
Ethics and Professionalism <ul style="list-style-type: none">• Conducts oneself in an ethical and professional manner when relating to co-workers, patients and the public.• Establishes effective interpersonal relationship with patients, families and co-workers.					

Comments:

(May be completed on separate page if desired)

Instructor Name: _____

Title: _____

Date: _____

Signature: _____

I may be contacted at: _____ for further information.
(phone number)

Please mail this form to:

Carle Human Resources
611 W. Park Street
Urbana, IL 61801-9977

To be completed by instructor:



Student: _____

For which class of clinical rotation were you this student's instructor?: _____

Semester/year of class/clinical: _____

Professional Qualities	Exceptional	Above Average	Average	Below Average	N/A
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(May be completed on separate page if desired)

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Title: _____

Date: _____

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I may be contacted at: _____ for further information.
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611 W. Park Street
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