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 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:** ____________________________  
(_Last)  (First)  (Middle)  
Social Security Number: __________________

**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

<table>
<thead>
<tr>
<th>School</th>
<th>Name of School City and State</th>
<th>Dates Attended From To</th>
<th>Years Completed</th>
<th>Courses of Study</th>
<th>Did you Graduate</th>
<th>Degree or Diploma</th>
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</table>

## Personal References

(List references who are not relatives)

<table>
<thead>
<tr>
<th>Name/Relationship to Applicant</th>
<th>Company and Address</th>
<th>Present Title</th>
<th>Phone Number</th>
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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:

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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: ___________________________
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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:

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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: ________________

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Instructor Name: ________________________________ Title: ________________________________

Date: ________________________________ Signature: ________________________________

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

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