

PioneerCare Center Employee Scholarship / Loan Reimbursement Application

EMPLOYEE DATA

First Name: _____
 Last Name: _____
 Gender: _____
 Age: _____
 Birthdate: _____
 Address: _____
 City/State/Zip: _____
 Phone: 1) _____ 2) _____
 Email: _____
 SSN#: _____ / _____ / _____

POSITION DATA

Hire Date: _____
 Position at Time of Scholarship Application: _____
 Hourly Wage at Start of Scholarship Period: _____
 Average Hours Worked per Week: _____
 Successful Employment as Regularly Scheduled Employee For At Least Six Months: Yes No

EDUCATIONAL DATA

Program or Course: _____
 Name of Educational Provider: _____
 Education Provider Address: _____
 Degree/Certification You Seek: _____
 Date Training Begins: ___ / ___ / ___ Ends: ___ / ___ / ___
 Has Training Been Completed? _____
 If Yes, Actual Completion Date: ___ / ___ / ___
 Advancement Achieved: (circle) CEUs Certificate Degree

Estimated Educational Costs:

Transportation	\$
Child Care	\$
Tuition	\$
Mandatory Fees	\$
Required Books	\$
Required Supplies	\$
Total	\$

QUALIFIERS

You must discuss plans with your supervisor and receive their recommendation to proceed.

Recommendation attached.

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OTHER FINANCIAL AID SOURCES

In addition to the PioneerCare Employee Scholarship and Tuition Reimbursement Program, have you pursued other sources of financial help? Yes No

If yes, have you received or will you receive other financial help? Yes No

Please list other financial aid sources and estimated funds, if applicable:

Name of Source	Funding Amount
	\$
	\$
	\$
Total	\$

LOAN REIMBURSEMENT *(If applicable)*

If you are seeking student loan reimbursement, please complete the information below:

Your Current Monthly Loan Payment:

\$

Your Current Total Outstanding Loan Balance:

\$

QUESTIONNAIRE *(Please attach additional page if needed)*

What are your short term and long term career goals in long term care?

What qualities do you have that demonstrate you will be successful in pursuing this education?

Describe why continuing your education is important to you:

ESSAY *(Required for degree program applicants only)*

In a thoughtful and carefully written essay, describe your immediate and future goals in long term care and how pursuing this education relates to these goals. What personal characteristics do you have that will help you succeed in this educational program and why should you be considered as a scholarship candidate? *(Minimum length of two pages)*

ACKNOWLEDGEMENT

I agree that after my training is completed I will continue employment with PioneerCare for a minimum of one year, contingent on position availability. I have answered each question truthfully and accurately to the best of my knowledge. I give PioneerCare

Signature _____	Print Name _____	Date ____ / ____ / ____
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Return completed application to PioneerCare Human Resources | Lona Bach | 218-998-1519 | lonab@pioneerCare.org

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SUPERVISOR RECOMMENDATION FORM

This Form Must Accompany the Scholarship / Tuition Reimbursement Application

Applicant: Please the top portion and give the form to your immediate supervisor.

Applicant's Name: _____
Last First Middle Initial

Neighborhood / Household / Department _____

Supervisor: Please complete the section below and return to the Human Resources Department.

- Yes No Models to the mission of PioneerCare.
- Yes No Meets attendance requirements of three or less absences in the last six months and no invalidated absences in the last six months.
- Yes No Delivers high quality, person-centered care and/or service.
- Yes No Is competent in current position.
- Yes No Displays good attitude, work ethic and teamwork.
- Yes No We discussed educational plans, how they will affect current employment status, and how they relate to advancement in long term care.

Comments _____

This employee has completed satisfactory employment for at least six months (*check appropriate box*):

- Yes
 No

Supervisor Name _____ / _____ / _____ _____
Date Signature