

Jewish Hospital & St. Mary's HealthCare



Application for Educational Loans

This application applies to placement after graduation in the following facilities:

Jewish Hospital, Louisville KY
Jewish Hospital, Shelbyville KY
Frazier Rehab Institute, Louisville KY
Sts. Mary & Elizabeth Hospital, Louisville KY
Our Lady of Peace, Louisville KY

Dear Applicant:

Thank you for your interest in the Educational Loan Program offered by Jewish Hospital & St. Mary's HealthCare. The Educational Loan Program provides financial assistance to the most qualified individuals who are pursuing hard to fill healthcare careers. The Educational Loan program offers up to \$24,000. For every month of full time employment, \$500 will be forgiven. Maximum commitment is four years. However, this money will be taxable upon graduation. You do not have to be a current team member (employee) to apply for this program. We are excited to assist you in your desire to become a healthcare professional.

Educational Loans are available for the following healthcare careers:

- Registered Nurse
- Respiratory Therapy
- Clinical Laboratory Scientist
- Pharmacy
- Physical Therapy
- Occupational Therapy
- Speech Language Pathology

Our requirements are as follows:

- ACT - 18 or greater, SAT – 900 or greater, NET – 70 or greater (if taken in past 5 years).
- Minimum of 3.0 GPA from most recent educational institution.
- Must be admitted into the program before submitting an application.
- We do not accept applications in any discipline if student is in (or entering) final semester, quarter, or session.
- High school student **may apply after graduation if their GPA is a 3.8** or higher out of a 4.0 scale or in the top 5% of their graduating class.

To Apply:

1. Complete enclosed application.
2. Submit official high school transcripts. (if within last 5 years.)
3. Submit official transcripts from all colleges & universities you have attended in the past (including current).
4. Submit two letters of professional reference (Not to include current manager if JHSMH team member).
5. If you are a Jewish Hospital & St. Mary's HealthCare team member, please have your current supervisor or manager, complete the enclosed reference form and return to Attention: Educational Loan Processing, Human Resources ,410 S. First Street in a sealed envelope.
6. Typed narrative as per instructions in application.
7. Completed Applicant Release Form.
8. Submit personal resume.
9. Submit Program of Study from school advisor.

Send completed packet to:

Attention: Educational Loan Processing
Human Resources
Jewish Hospital & St. Mary's HealthCare
410 South 1st Street
Louisville, KY 40202

Selection Process:

We will accept Educational Loan applications year round. Upon receipt of your application and checklist, we will review your information, confirm that you meet the minimum requirements and verify that you have included all information requested. If you did not meet the criteria or failed to include any item from the checklist, you will receive a letter within 2 weeks. If your Educational Loan packet is complete and you meet all of the minimum requirements, we will call you within 2 weeks to schedule an interview. If that interview goes well, all of your information will be forwarded to our selection committee, which meets at least quarterly, and a 2nd interview with the selection committee will be scheduled. Within 2 weeks of the committee meeting, you will be notified regarding the committee's decision.

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The following items *must be included* in your packet in order for you to be considered.

- ___1. Completed Educational Loan Application
- ___2. Completed Applicant Release Form
- ___3. Official High School Transcripts (if less than 5 years)
- ___4. Official Past College Transcripts (if applicable)
- ___5. Official Current College Transcripts
- ___6. ACT/SAT/ CPP/NET/Scores (if applicable)
- ___7. Two Letters of Professional Reference (NOT to include current manager/supervisor if JHSMH team member)
- ___8. Typed Narrative (see below)
- ___9. Personal Resume
- ___10. Manager/Supervisor Recommendation Form (if current team member)
- ___11. Program of Study from School Advisor

Important things to know when preparing your Educational Loan application packet:

- Please make sure the application is filled out completely and legibly.
- Sign the applicant release form.
- All transcripts need to be included in the packet. It is acceptable to have a school copy (unsealed), **however a black/white copy is not acceptable.**
- Test scores may be black/white copies (or may be included on your high school transcripts).
- High school transcripts are to be included in the packet if you have attended in the past **5 years** *or* if you have not attended college.

Instructions for the Typed Narrative

The typed narrative needs to be 1-2 pages. You may include any of the following:

- Describe your experiences and activities since graduating high school (or completing your GED).
- What have you accomplished that has given you the greatest satisfaction?
- Why are you choosing this profession?
- What has prevented you from reaching your goal in the desired profession?
- How do you see yourself making a difference to the profession?
- What is your *ideal* job/setting as a new grad?

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1. Which degree are you pursuing? (Please Circle):

Registered Nurse
Physical Therapy
Occupational Therapy

Respiratory Therapy
Speech Therapy
Pharmacy

Clinical Lab Scientist

2. At which Facility are you most interested in working upon graduation? (Listed on Cover Page)

3. Name _____ Maiden: _____

Social Security Number: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

4. Have you ever worked at Jewish Hospital & St. Mary's HealthCare or any of our Affiliates:

Y____ N____ Dates Employed: _____

If current team member, which unit/department? _____

Who is your current Manager/Supervisor? _____

Team Member#: _____

5. Current College Attending: _____

Working Toward Which Degree? _____

Have you been accepted into the program? _____

Expected Grad Date (month/year) _____ Current GPA: _____

How many hours are you currently enrolled? _____

Do you plan to take Summer Classes: _____

6. Have you attended other colleges?

College	Dates Attended	Major	GPA	Degree Received

7. Name of High School: _____

Grad Date: _____

GPA: _____

8. Test Scores (If Applicable)

ACT Score: _____

Date Taken: _____

CPP, SAT, NET or GRE Score: _____ Date Taken: _____
(Please circle)

9. How did you hear about our educational assistance program? _____

10. Have you received financial assistance from other sources? Y____ N____

If yes, with Whom? _____

Amount: _____

11. Are you currently under a scholarship agreement with another healthcare organization?

If Yes, which healthcare organization: _____ Y____ N____

Amount: _____

12. Are you receiving any other scholarships (academic, sports, etc.?) Y____ N____

If Yes, with Whom? _____

Amount: _____

13. Will you receive financial assistant from your family? Y____ N____

If Yes, Amount _____

14. Do you expect to work while you are in school? Y____ N____

If Yes, # of Hours per Week: _____

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Foundation Educational Assistance

You may be eligible to receive financial assistance through Jewish & St. Mary's Foundation based on your area of interest as many contributors designate their contributions to specialty areas. The dollars awarded may be in the form of scholarships (nontaxable) or educational loans (taxable). This means you may be eligible to receive both educational loan dollars and scholarship dollars. To qualify for this assistance complete the following.

Please answer the following questions:

1. Name: _____

School: _____

Degree Pursuing: _____

Graduation Date: _____

2. At which facility are you interested in working with after graduation?

Jewish Hospital _____

Frazier Rehab Institute _____

Our Lady of Peace _____

Sts. Mary & Elizabeth _____

Jewish Hospital, Shelbyville _____

3. Would you be interested in being considered for a Foundation scholarship/educational assistance? Please note: this may require additional interviews with the contributing families or additional documentation.

Yes _____ No _____

4. Please list the healthcare specialty you are pursuing: _____.

5. If you are pursuing nursing, in what area of nursing (if applicable) are you interested working after graduation?

Medical/Surgical _____ Cardiovascular _____

Critical Care _____ Oncology _____

Emergency Room _____ Neuroscience _____

Psychiatric _____ Rehab _____

Orthopedics _____

Special thanks to those who have generously made contributions to the Jewish Hospital & St. Mary's Foundation, making it possible to offer educational assistance. Below is a listing of the scholarships that donors have established.

Jewish Hospital

Minna Benjamin Nursing Memorial
John V. and Kathleen G. Blalock Endowment
Donal and Elaine Bornstein
Shirley Outlaw Bowlds Memorial
Tom Christerson and Family
Judi Ciliberti Frazier
Roger and Ethel Coleman
Blanche Fine
U.S. Bank Nursing
Sam and Esther Fishman
Ada Sara & Sidney Grossman
Kenneth L. Hirsch Memorial
Helen E. Johnson Memorial
Lisa H. Johnson
Joseph and Marie Kaplan
Laurie Altman Kupferman
Shirley and Howard Markus
Helen Marshall
The Raus Family Friends of Nursing
Rehabilitation
Matilda G. and Norman D. Roth Memorial
Harry I. and Edith H. Sloan Memorial
Harry and Anna Udewitz

Julia F. Victor Memorial
Visiting Nurse Association
Robert A. Watson, Jr.
Mary Rubenstein Weiner
Women 4 Women Mary Ray Oaken
Pat Waterman
John Rankin

St. Mary's HealthCare

CARITAS Nursing Award
Auxiliary RN-to-BSN Award
Dr. Clifford V. Jennings Memorial*
Lily Banerjee Memorial
DXP Imaging
Adam Jalil Maamry Memorial
Shad Mason Memorial
Dr. Nathan Zimmerman
Jeff and Phyllis Osbourn
CARITAS Medical/Dental Staff

**This is a true scholarship with no contracted work commitment or taxes.*

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REFERENCE SHEET

If current team member, please have your manager/supervisor complete:

Date: _____

Team Member Name: _____

Department/Unit: _____

Facility: _____

Length of time in area: _____

	Poor	Average	Good	Excellent
Attendance				
Skills				
Teamwork				

Does team member have discipline issues? _____

If so, please explain: _____

If employee was PRN, commitments were met each month? Yes _____ No _____

Pick three words to describe this team member: _____

When this team member completes the educational program, would you want to keep him/her in your unit/department? Yes _____ No _____

Additional Comments: _____

Manager/Supervisor Signature: _____

CONSENT AND DISCLOSURE

DATE _____

LOCATION _____

I understand that Jewish Hospital & St. Mary's HealthCare will utilize the services of STERLING TESTING SYSTEMS, INC., 249 West 17th Street, New York, NY 10011, as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, Jewish Hospital & St. Mary's HealthCare may obtain further information through subsequent investigations by STERLING TESTING SYSTEMS, INC so as to update, renew or extend my employment.

I understand a consumer reporting agency's investigation may include obtaining information covering up to the last seven (7) years regarding, among other items, my credit background, references, character, driving record, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgment and liens, subject to state and federal law. The investigation also may include obtaining information relating to criminal records without any time limitations, subject to state and federal law.

In the event an investigative consumer report is conducted, I understand such information may be obtained by personal interviews with my acquaintances or associates or with others whom I am acquainted or who may have knowledge concerning my character, general reputation, personal characteristics or standard of living. I understand such information may also be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the Company receives my request or five days after the investigative consumer report was requested, whichever is later.

By checking the box, I indicate that I wish to receive further disclosure about the nature and scope of any Company request for an investigative consumer report.

I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act.

I also understand that before I am denied employment based, in whole or part, on information obtained in the investigative consumer report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I understand if I disagree with the accuracy of any information in the report, I must notify Jewish Hospital & St. Mary's HealthCare within five business days of my receipt of the report. If I notify Jewish Hospital & St. Mary's HealthCare within five business days of the receipt of the report that I am challenging information in the report, Jewish Hospital & St. Mary's HealthCare, will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize Jewish Hospital & St. Mary's HealthCare to procure an investigative consumer report on my background as stated above from STERLING TESTING SYSTEMS, INC. In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of employment.

First Name	Date of Birth (MM/DD/YY)
Last Name	Middle Name/Initial
	<input type="checkbox"/> Male <input type="checkbox"/> Female
Other Names Known By	#yrs at this address
Current Address	City
	State
Previous Address	Zip Code
	#yrs at this address
City	State
	Zip Code
Driver's License No.	State
	Social Security No.

Signature _____ Date _____

Minnesota & Oklahoma applicants Only: I have the right to request a copy of my consumer report from Sterling Testing Systems, Inc. by checking the box below. Sterling Testing Systems will mail the consumer report directly to me. Minnesota Applicants Only: I have the right to make a written request to the consumer reporting agency to provide me with a complete and accurate disclosure of the nature and scope of the consumer report.

I wish to receive a copy of the consumer report. (Check box only if you wish to receive a copy)

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VOLUNTARY IDENTIFICATION INFORMATION

Pre-Employment

Jewish Hospital HealthCare Services is an equal opportunity employer. All applicants are considered without regard to race, color, religion, sex, age, national origin, disability or any status, which is protected by state or federal law.

In an effort to comply with government record keeping requirements, we ask that you voluntarily complete this information. The information you choose to provide will be kept in a separate file and will not be used in any hiring or other employment decision. Any information provided will be held in the strictest of confidence.

POSITION APPLYING FOR: _____

NAME	SOCIAL SECURITY NUMBER

CITY OF RESIDENCE: _____

COUNTY OF RESIDENCE: _____

GENDER
Female
Male

ETHNIC BACKGROUND	
White	American Indian / Alaska Native
Black	Asian / Pacific Islander
Hispanic	Other (specify)

DATE: _____

ALL INFORMATION PROVIDED IS CONFIDENTIAL!