

**Nursing Tuition Assistance Application**

*Return the application and required documents to Tri Valley Health System Attention: Human Resources PO Box 488, Cambridge, NE 69022 or email to* *hr@trivalleyhealth.com**. Application deadline is May 1.*

*Applicants will be scheduled for an interview. Approved applicants will be required to complete the tuition assistance agreement and a Tri Valley Health System employment application.*

LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP CODE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT TVHS EMPLOYEE: YES □ NO □

CURRENT CERTIFIED NURSING ASSISTANT: YES □ NO □

HIGH SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_YEAR GRADUATED\_\_\_\_\_\_\_\_\_\_

COLLEGE YEARS COMPLETED (Circle) 1 YEAR 2 YEARS 3 YEARS

THE FOLLOWING DOCUMENTATION MUST BE ATTACHED.

***INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.***

* RESUME 󠆰󠆰
* HIGH SCHOOL TRANSCRIPTS □
* COLLEGE TRANSCRIPTS □
* RECOMMENDATION FROM TWO INSTRUCTORS 󠆰 󠆰󠆰
* WHY I WANT TO BE A NURSE – 500 WORD ESSAY 󠆰󠆰
* PROOF OF APPLICATION TO NURSING SCHOOL (ASSISTANCE CONTINGENT UPON ACCEPTANCE, MUST SUBMIT ACCEPTANCE LETTER BEFORE ISSUANCE.)

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NAME DATE