

COMMUNITY HOSPITAL ASSOCIATION

Fairfax, MO

Student Loan Application

Please complete this application in detail by filling all blanks. If your answer is none, write None; if the question does not apply to your situation, write N.A.

PERSONAL DATA

Name: _____
Last First Middle Maiden

Address: _____
Street/Box City County
_____ Telephone Number () _____
State Zip

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

How long have you been a resident of CHA service area? From _____ to _____

Email address: _____

Current Employment _____ Position: _____

Address of Employer _____

Telephone Number: () _____ FT PT

EDUCATIONAL DATA

I am applying for a loan from Community Hospital Association to assist with payment of educational expenses for the following period:

_____ to _____

Career Goal: _____

Years expected of schooling in order to achieve this goal? _____

I have been accepted for admission into an accredited clinical school _____ Yes _____ No

Name of Accredited School: _____

Address _____

I will be a: _____ Full Time Student _____ Part Time Student

I will live: _____ On campus _____ Commute _____ On-line Classes

EDUCATIONAL BACKGROUND

Name of High School _____ City/State _____

Graduation Year _____ or G.E.D. Certification Obtained _____

Post-High School Training at: _____

City/State _____ Graduation Year _____

Licensed/Certified as a _____ in (State) _____

Years of experience in licensed/certified field: _____

Any additional remarks you wish to be considered relating to education?

FINANCIAL INFORMATION

Are you head of household? _____ Yes _____ No

Do you plan on working while in school? ___ Yes (___ FT ___ PT) ___ No

If you **are not able to work** will you still be able to attend school? _____ Yes _____ No

Are you willing to work at Community Hospital on breaks and weekends as the schooling process allows? _____ Yes _____ No

If not, why not? _____

Do you have experience in the Health Care Field? _____ Yes _____ No

If so, in what capacity? _____ How Long? _____

Name of facility where you worked _____

City/State _____ Supervisor _____

RESOURCES

SEMESTER

YEAR

Loans from other sources	\$ _____	\$ _____
Savings	\$ _____	\$ _____
Scholarship	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Other	\$ _____	\$ _____

How much financial assistance needed with: Tuition _____ Books _____

Amount of loan requested from Community Hospital \$ _____, for the _____ school year

Total amount of loan requested from Community Hospital \$ _____ Estimate? ____ Yes ____ No

Are you willing to commit to returning to work for Community Hospital upon graduation for a 4 year period? _____ Yes _____ No

Are you willing to sign an agreement stipulating you will return to Community Hospital for a 4 year term; and if you do not complete school for any reason, do not obtain licensure or do not return to Community Hospital, you will pay back all loans plus simple interest at a rate of two points above the prime interest rate and any collection agency or attorney fees incurred in the collection process?
_____ Yes _____ No

Other information you feel has bearing on this application or that the Loan Committee needs to consider.

Personal References (Please include phone numbers)

Other Information for Applicant:

Applicants need not reapply for each semester, as long as the following is met:

- > Applicant must be in good standing within their department (if currently employed by CHA) or the school—this will be checked at the beginning of each semester;
- > Applicant must produce his/her grades upon completion of each semester. Should his/her grades fall below a C level, the applicant will not have met the eligibility requirements of his/her loan and payback will begin with the next pay period, if a CHA employee, or within 45 days, if not a CHA employee;
- > Should the applicant get expelled from the school program, does not fulfill the main objective (for example, licensure), or leaves the program prematurely, he/she will not have met the eligibility requirements of his/her loan and payback will begin with the next pay period, if a CHA employee, or within 45 days, if not a CHA employee.

Signature _____ Date_

Please attach a summary or statement from the school of estimates/expenses per semester or year and a copy of your official notice of acceptance into the program.