



EDUCATIONAL ASSISTANCE PROGRAM GUIDELINES

Owensboro Health, Inc. is accepting applications for the Educational Assistance Program (EAP). This program is for students that have been accepted into any of the following accredited healthcare degree programs: Registered Nurse (pre-licensure ADN or BSN program), Licensed Practical Nurse, Respiratory Therapy, Laboratory Technicians, Physical Therapy, Occupational Therapy, Speech Therapy, Surgical Technology, Pharmacy or Imaging. The monies can be used for educational expenses such as tuition, books, fees, and student uniforms. In return, program participants must commit to employment at Owensboro Health, Inc. for a designated period of time.

APPLICATION PROCESS AND APPROVAL:

In order to be considered for the EAP, please submit a completed application, college transcript(s) (unofficial are acceptable), a 500 word essay on "Why I am seeking a career in healthcare and my goals upon degree completion", official letter of acceptance into an approved program of study and at least two (2) Endorsement Forms (see application packet for blank forms) completed by *professional references* (work or school). Friends and relatives are not acceptable references. A selection committee will review all completed application packets and a representative of Owensboro Health will notify eligible candidates if an interview is warranted. Selected candidates will be required to sign an agreement to work at Owensboro Health for a specified amount of time upon graduation or will be required to reimburse any monies expended on their behalf by Owensboro Health, Inc. Each semester, EAP participants must provide documentation of successful completion of previous semester course work, current cumulative GPA of 2.5 or higher and continued program enrollment.

FULFILLMENT OF THE AGREEMENT

Employment is not guaranteed by program participation. It is the responsibility of the recipient to apply for an open, full time position *for the degree they are seeking* and accept employment with Owensboro Health, Inc. (if offered) upon graduation. Should an EAP recipient fail to apply for employment or reject an offer of employment with Owensboro Health, Inc.; withdraw from either the EAP or the accredited program of study; or fail to maintain a cumulative GPA of 2.5 or higher, they will be considered in default and expected to reimburse any monies expended on their behalf, plus a penalty if the balance is not paid in full within 30 days of the default.

For questions call 270-685-7700.

Submit completed application to:

Owensboro Health, Inc.
Human Resources Dept/Scholarships
c/o: Recruitment Team
P.O. Box 20007
Owensboro, KY 42304-0007

You may also scan and e-mail completed applications to RecTeam@owensborohealth.org



Dear Student:

Owensboro Health, Inc. is excited to announce our Educational Assistance Program (EAP). To apply, please complete and return the EAP Application packet.

You are beginning, or are in the midst of obtaining a healthcare degree. Congratulations! We know that going to school is a big challenge and we are very proud of your accomplishments. The EAP is one way that Owensboro Health can support you and we hope you will take advantage of this opportunity.

Eligible submissions must include:

1. Completed and signed *Educational Assistance Program Application* from student seeking a degree in one of the following programs of study: Registered Nurse (pre-licensure ADN or BSN program), Licensed Practical Nurse, Respiratory Therapy, Laboratory Technicians, Physical Therapy, Occupational Therapy, Speech Therapy, Pharmacy or Imaging;
2. Transcripts (unofficial are acceptable) reflecting a cumulative GPA of 2.5 or higher;
3. Official acceptance letter from program of study;
4. 500 word essay: "Why I am seeking a career in healthcare and my goals upon degree completion";
5. Two *Endorsement Forms* completed by **professional references** (*friends and relatives are not acceptable*). ** Endorsement Forms should be submitted by the individual completing the form.

Please note: Participation in this program is not a guarantee of employment. If offered a position, the work commitment will begin following degree completion and licensure/certification. EAP recipients must agree to work in a *full-time* position relevant to their degree a *minimum of six-months for each semester funded by Owensboro Health, Inc.*

Completed applications must be submitted by **August 1** for Fall semester or **January 1** for Spring semester. Eligible applicants may have a panel interview with the EAP selection committee and will be notified of acceptance or denial into the program within one week of their interview. Owensboro Health, Inc. will pay funds directly to the college or university. *Incomplete applications will not be considered.*

In order to remain in the EAP, participants must provide documentation of successful completion of previous semester coursework with a cumulative GPA of 2.5 or higher and continued program enrollment each semester.

Thank you for your interest and best wishes in your career.

Sincerely,

Owensboro Health Recruitment Team
Human Resource Development



Educational Assistance Program Application

Date of Application: _____ Name: _____

SSN: _____ Have you ever been employed with Owensboro Health? Yes No; If YES

e# (if current team member): _____ Position(s) held: _____

Phone: _____ E-mail Address: _____

Address: _____

(City)

(State/Zip)

Have you ever received funds, scholarships, grants, etc. from **Owensboro Health Inc.** (including Education Benefits as a team member)? Yes No; If yes, please indicate the date, amount and source: _____

Employment Information and History

Are you an U.S. citizen? Yes No; If NO, are you eligible to work in the U.S.? Yes No Alien Registration number: _____

Have you ever been convicted of a felony? Yes No; If YES, provide a brief explanation _____

Business Name & Address	Length of Employment	Position Held	Contact Person	Business phone

Community Service / Recognitions / Volunteerism

Organization/Type of Recognition	Purpose of Service/Recognition	Date/Year of service/recognition

Education (transcripts-unofficial are acceptable- must be included)

College/University (1) _____

Address _____

Major _____ City _____ State _____ Zip _____
GPA (cumulative) _____

College/University (2) _____

Address _____

Major _____ City _____ State _____ Zip _____
GPA (cumulative) _____

*If you have additional education, please attach another sheet.

Program of Study (where applicant has been accepted)

***An official letter of acceptance from the college or university program of study should accompany this application.*

Degree Program/University _____

Faculty Contact/Phone _____

Anticipated Graduation Date _____ Student ID # (if applicable) _____

Applicants Signature: _____

Completed application, transcripts, letter of acceptance into program of study and essay should be submitted in one packet to the address below:

Owensboro Health, Inc.
Human Resources Dept/Scholarships
c/o: Recruitment Team
PO Box 20007
Owensboro, KY 42304-0007

Applicants may also scan and e-mail completed applications to
RecTeam@owensborohealth.org

****Letters of endorsement should be mailed / e-mailed directly by the person completing the form.**



Educational Assistance Program
Endorsement Form

Applicant Name : _____

Applicant e-mail: _____ Applicant Phone: _____

The above has applied for the *Educational Assistance Program* and asks that you complete this endorsement form on their behalf. Please complete this form in its entirety and return via e-mail to RecTeam@owensborohealth.org or mail to the address below no later than *August 1* for Fall semester or *January 1* for Spring Semester.

Owensboro Health
Human Resources/Scholarship
c/o Recruitment Team
P.O. Box 20007
Owensboro, Kentucky 42304

General Information (to be completed by person providing endorsement)

Person providing endorsement: _____

Title: _____ Employer: _____

E-mail: _____ Phone: _____

How long have you known the applicant? _____ In what capacity do you know the applicant? _____

In the space provided, please share why you believe this applicant would be a worthy recipient of the *Educational Assistance Program*.

Signature: _____ Date: _____

Please rate the applicant in the following areas:

Element for Evaluation	LOW	AVERAGE	HIGH	COMMENT
1. Commitment to Healthcare				
2. Commitment to completing their education and academic excellence				
3. Integrity- Conducts themselves with high level of responsibility, reliability and honesty				
4. Respect- Values and accepts the unique talents and contributions of others				
5. Teamwork - strives to work with others to overcome obstacles, surpass goals, celebrate accomplishments and plan for the future				
6. Innovation- Cultivates original ideas and creative solutions				
7. Service – focuses on service to other by anticipating needs and thoughtfully meeting them				
8. Excellence- reaches beyond basic expectations				