

APPLICANTS

must meet the following criteria

- The applicant must be a high school graduate.
- The scholarship will be offered to male or female applicants regardless of race, color, religion, national origin, age, sex, disability or veteran status.
- The applicant must be currently employed at the San Luis Valley Regional Medical Center with an acceptable work record.
- The applicant must have completed the initial employee orientation.
- The applicant must have applied and been accepted for admission to an Allied Health program in an accredited school, within Colorado or out of state.
- If reapplying the applicant must have maintained at least a B average; please submit proof of GPA with application.

IN ADDITION

the applicant must include

- A letter of acceptance into an accredited program, if new applicant;
- A current resume;
- A letter from the student stating why the student would like to be considered;
- A letter of reference from their Department Director or Administrator; and
- The applicant's latest grade point average if reapplying.

PROCEDURE

for repayment

The recipient will be required to complete one year of employment at the San Luis Valley Regional Medical Center for each \$1000.00 received, starting within one year of graduation. If a position is not available at SLVRMC, or the student chooses to work at another facility, the repayment process begins six months after graduation with a repayment schedule agreed upon by Administration, via contract at 8% interest, .

If a student drops out of any Allied Health program or is not allowed to continue because of poor conduct or grades, the repayment begins three months after they have dropped out of their proposed program.

FORGIVENESS LOAN

application

NAME _____
ADDRESS _____
TELEPHONE _____
SOCIAL SECURITY # _____
DEPT. EMPLOYED IN _____
STARTING DATE _____

WHERE DID YOU LAST GRADUATE?

(please circle one)

High School
Technical School
College

NAME AND ADDRESS OF EDUCATIONAL FACILITY CIRCLED ABOVE

DATE GRADUATED _____

If presently enrolled in any program, please fill in the following:

DIRECTOR'S NAME _____
FACILITY _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE _____

Please send this application and ALL other documents requested to:

Human Resources

106 Blanca Avenue
Alamosa, Co 81101
Phone: 587 -1201

APPROVAL _____ / _____

Officer of SLVRMC

Date