

CNA SCHOLARSHIP APPLICATION



The Cottages believes that every employee is valuable and has established a CNA program available to eligible employees who would like to further their education in the healthcare field. The Cottages will accept 4 applications per quarter. Applications will be processed on a first come, first served basis. No incomplete applications will be considered.

The employee's submission of this request form serves as an acknowledgement by the employee that he/she has no other resources available for financial assistance (including a lending institution) and that he/she agrees to the repayment terms established by The Cottages.

Note: This program will be evaluated annually.

Qualifications:

- **FT employee with at least 12 months length of service with The Cottages**
- **Excellent attendance record – absences not to exceed absence policy**
- **No write-ups within the most recent 6 months**

Requirements:

- Must submit a letter of recommendation from their administrator outlining the applicant's qualifications and why they think the applicant is an outstanding employee.
- Applicant and administrator must submit a written plan as to how the employee will be able to continue to work for the company while attending classes.

The employee will be granted a loan, which will be set up on a repayment plan. **Details for loan forgiveness on page 3.* This loan amount can include:

- The cost of the program (Tuition)
- The cost of books needed for the program
- The cost of any extra equipment required in order to take the course, i.e., scrubs, stethoscope, watch, shoes and other similar required items.
- The maximum cost that The Cottages will loan is \$1200

BACKGROUND INFORMATION

Employee Name (print):		Date:	
Employment Location(print):		Average number of hours per pay period:	
Employee Home Address (print):		Date of Hire:	
Home (and/or cell # where you can be reached between 8 a.m. and 5 p.m.)		Amount Requested (\$50-\$1200):	

CNA SCHOLARSHIP APPLICATION



PROGRAM INFORMATION

I am requesting to be considered for the CNA scholarship program for the following reason(s):

Tuition \$ _____ Books \$ _____ Scrubs \$ _____ Watch \$ _____ Immunizations \$ _____ CPR \$ _____ Background Check \$ _____ Drug Test \$ _____ Clinical Skills Test \$ _____ Nursing Aid Test \$ _____ Other \$ _____ Total \$ _____

Administrator's Letter of Recommendation & Outlined plan (state the reasons why you recommend this staff member):

CNA SCHOLARSHIP APPLICATION



I, _____, hereby authorize my employer, The Cottages Senior Living LLC., to deduct from my wages the amount of **(\$50.00 minimum)** \$_____ each pay period beginning with the next pay period and continuing until the debt of **(\$1200 maximum)** \$_____ which I owe to Cottages Senior Living LLC., is satisfied.

Subject to wage and hour laws, I further authorize to deduct any outstanding balance due under this loan from my final paycheck upon my separation from employment at.

***After the employee has completed the CNA program, has had 18 months of continuous employment and is actively employed, the employee will be reimbursed the full loan amount within 30 days.**

I affirm that all the information included in this application is true and correct to the best of my knowledge.

Employee Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Jamie Wilson Signature: _____ Date: _____