



Rural Health Careers Scholarship Application

The Rural Health Careers Scholarship Fund provides scholarship assistance to students currently employed by a rural healthcare organization for continued education and advancement into critical hard-to-fill healthcare roles. It is funded through the Department of Labor's H-1B Rural Healthcare Workforce Development grant program.

Eligibility

Applicants for this scholarship must meet the following criteria:

1. Be employed by a healthcare organization that serves our regional rural communities.
2. Pursuing continued education that leads to advancement in one of the following career fields:

Licensed Nurse Assistant (LNA)
Licensed Practical Nurse (LPN)
Medical Assistant (MA)
Registered Nurse (RN)*

Pharmacy Technician
Surgical Technologist
Radiology Technician
Medical Laboratory Technician

Social Worker*
Behavioral Health Counselor

*Including Master's Programs in directly related field that leads to career advancement

Due Date

Scholarship application is due 14 days prior to the start of each semester.

Amount

You may receive a scholarship up to \$1250 per academic semester/term, for a cumulative total of \$5,000, based on any gap in tuition coverage you have after utilizing your employer's tuition reimbursement, other scholarship sources or financial aid.

GENERAL INFORMATION			
Date:			
First Name:	MI:	Last Name:	
Address:			Apt/Unit #:
City:	State:	Zip Code:	
Date of Birth (YYYY/MM/DD):			
CURRENT EMPLOYMENT			
Organization Name:		Date Started:	
Current Job Title:			
Address:			
City:	State:	Zip Code:	
Please attach proof of employment (most recent pay stub or letter from employer).			
EDUCATION COURSE/PROGRAM			
Name of School:			
Name of Course/Program:			
Start Date:		End Date (expected):	



SCHOLARSHIP AMOUNT CALCULATION

Total Semester/Term Tuition Bill:

Employer Tuition Reimbursement Coverage:

- If Employer Tuition Reimbursement Coverage is 0 or N/A, please select the reason why:
- ☐ My employer's tuition reimbursement policy does not cover this program.
 - ☐ I have already claimed my annual calendar max.
 - ☐ I do not know how to submit for reimbursement.
 - ☐ I am not using my tuition reimbursement for this semester.

Other Scholarship Sources:

Remaining Tuition Cost for Semester/Term:

Please skip the following section if you have already previously received an award through the Rural Health Careers Scholarship Fund. In a few sentences, please tell us about your future career goals and how this course/program will help you achieve them:

The information provided on this application form shall be kept confidential and will be used solely for the purposes of determining eligibility for scholarships and tracking for the H-1B Rural Healthcare Workforce Development grant program. I certify that I have read and understand the above and that all information provided herein is true and complete.

Signature of Applicant:

Date: