GILA REGIONAL MEDICAL CENTER GILA REGIONAL MEDICAL CENTER FOUNDATION GILA REGIONAL MEDICAL CENTER AUXILIARY

PROFESSIONAL EDUCATION FINANCIAL ASSISTANCE

Financial Assistance is available for professional education in a variety of Health Care Fields, through Gila Regional Medical Center, Gila Regional Medical Center Foundation, and Gila Regional Medical Center Auxiliary. These three separate entities determine the amount of financial assistance to be awarded by each entity and to each successful applicant. Criteria for receiving financial assistance is determined by each entity. Each entity is in sole control of the awards granted by that entity.

Interested applicants may apply for financial assistance from more than one entity, however, there is no guarantee that funds will be granted to one individual from more than one entity. There will be cooperation among the entities so that every attempt is made to meet the recipient's needs and that funds will be distributed fairly.

Communication and records regarding these financial assistance programs is handled through the Personnel Office of Gila Regional Medical Center.

Deadline for receipt of applications will be <u>June 25th</u> of each year for fall semester awards. Periodically, applications may be considered and approved for midyear awards. Applications are submitted to the Personnel Office of GRMC.

The Personnel Office of GRMC will coordinate all paperwork activities for the three entities granting financial assistance. Applicants and successful recipients will provide all necessary applications, midyear request(s) for assistance; submission of grades, etc. to the Personnel Office. Communication will be maintained between the Personnel Office and each awarding entity.

GILA REGIONAL MEDICAL CENTER GILA REGIONAL MEDICAL CENTER FOUNDATION GILA REGIONAL MEDICAL CENTER AUXILIARY

PROFESSIONAL EDUCATION FINANCIAL ASSISTANCE

Original Effective Date:	07/01/89	PER:1001
Revised/Reviewed:	02/01/01	
Approved by:	S Sinf	GRMC CEO
made	dine Braly	GRMC Foundation Chairman
Loa Wea		GRMC Auxiliary President
<i>O</i>		
1.0 DIIDDOCE		

1.0 PURPOSE

- To encourage and assist with entry into Health Care Professions, coordinating the efforts 1.1 of Gila Regional Medical Center, Gila Regional Center Foundation, and Gila Regional Medical Center Auxiliary.
- To provide financial assistance to those persons qualifying for the Financial Assistance 1.2 Program, with the intent that these persons will return to GRMC in their new field following graduation.

POLICY 2.0

- The scholarship committee representatives of GRMC, Gila Regional Medical Center 2.1 Foundation, and Gila Regional Medical Center Auxiliary each determine the amount of financial assistance to be awarded by each entity, and to each successful applicant.
- Criteria for receiving financial assistance are determined by each entity. Each entity is 2.2 in sole control of the awards granted by that entity.
- Interested applicants may apply for financial assistance from more than one entity, 2.3 however, there is no guarantee that funds will be granted to one individual from more than one entity. There will be cooperation among the entities so that every attempt is made to meet the recipient's needs and that funds will be distributed fairly.
- Communication and records regarding these financial assistance programs are handled 2.4 through the Personnel Office at Gila Regional Medical Center.
- Deadline for receipt of applications will be June 25th of each year for fall semester 2.5 awards with funds being awarded on or about August 1st. Periodically, applications may be considered and approved for midyear awards. Applications are to be submitted to the Personnel Office of GRMC.

Page 2 Professional Educational Financial Assistance

The Personnel Office of GRMC will coordinate all paperwork activities for the three entities granting financial assistance. Applicants and successful recipients will provide all necessary applications, mid year request(s) for assistance, submission of grades, etc. to the Personnel Office. Communication will be maintained between Personnel and each awarding entity.

(

ADDENDEUM TO GILA REGIONAL MEDICAL CENTER FOUNDATION SCHOLARSHIPS

The following additions are being added to the GRMC Foundation's Mann Endowment, Starlipper Endowment and Polly Pine Memorial Scholarships. This addendum was revised and approved at the GRMC Foundation's May 12, 2003 Board of Directors Meeting.

Students who receive money under these programs are expected to:

- 1. Accept full-time or part-time (minimum 20 hours per week or 40 hours biweekly) employment in his/her new field at Gila Regional Medical Center following completion of the program.
 - a. The person having been granted financial assistance will be considered for employment at the same time as other applicants. (The best applicant will be selected.)
 - b. If the applicant is successful, the funds will be repaid at the rate of one year of full-time equivalent employment for each \$2,500 granted. This forgiveness of debt will be considered as taxable income for the years in which the debt is forgiven.
 - c. If the applicant is not successful, the loan must be repaid.
 - d. Failure to complete the work agreement or failure to complete the program will necessitate the student repaying the balance of the loan in a lump sum amount. In some circumstances, arrangements may be made for making payments. In either case, failure to repay the loan may result in legal action.
- 2. If the scholarship recipient does not apply for employment at Gila Regional Medical Center upon completion of their schooling, it will necessitate the student repaying the loan in a lump sum amount. In some circumstances arrangements may be made for making payments.
- 3. In the event there is/are no job openings in the candidate's field of expertise, the scholarship amount awarded will be forgiven.

GILA REGIONAL MEDICAL CENTER GILA REGIONAL MEDICAL CENTER FOUNDATION GILA REGIONAL MEDICAL CENTER AUXILIARY

APPLICATION FOR FINANCIAL ASSISTANCE

NAME		SOC SEC #	
		PHONE #	
STREET ADDRESS	-		
MAILING ADDRES	s		
CITY, STATE, ZIP			
How long at this add	ress:		
If less than 2 years, v	vhat was your previous addre	ess:	
STREET ADDRESS	<u> </u>		
MAILING ADDRES	SS		
CITY, STATE, ZIP			
How long at this add	lress:		
EDUCATION	NAME/LOCATION	YRS ATTENDED	GRAD DATE
HIGH SCHOOL			
COLLEGE/ UNIVERSITY			

WORK EXPERIENCE (please give 3 most recent)	Dates of Employment	Reasons for Leaving
Place of Employment:		
Job title:		
Supervisor's name:		
Job Duties:		
Place of Employment:		
Job title:		
Supervisor's name:		
Job Duties:		
Place of Employment:		
Job title:		
Supervisor's name:		
Job Duties:		
		A CONTRACTOR CONTRACTO

REFERENCES (preferably work and/or school related)

Name	Address	Phone Number
	*	3
		1
)
		ļ.
	1	

Please check one (1) of the following:		
	I have been accepted into an undergraduate program in the here is a second of Study	1
	Institution / Location	
	Program Start Date Anticipated Completion	n Date
	I am a health care professional who has enrolled in an educa obtain advanced education / degree Field of Study	
	Institution / Location	
	Program Start Date Anticipated Completic	on Date
	I am a health care professional (employed at GRMC) who he for specialized training in a related health care field Field of Study	
	Institution / Location	
	Program Start Date Anticipated Completic	-
I am	requesting consideration of my application from the program(
П	Mann Endowment Program - GRMC Foundation	Amt:
	Starlipper Endowment Program - GRMC Foundation	
	Alice Hamm Memorial Scholarship - GRMC Auxiliary	
	Financial Assistance Fund - Gila Regional Medical Center	Amt:
	Polly Pine Memorial Scholarship	Amt:
	n currently receiving financial assistance from the following rees and amounts:	g: Please include all

(

lease use this page to explain your goals and how financial assistance from any of the rograms will assist you. Also, please provide any additional information you would list the rograms will assist you.		
Scholarship Committee to be aware of, incuding your short term employment goals lowing your education.		
3 ,		
financial assistance program a understand that employment i	have read the policies and procedures specific to each available, and agree to abide by the stated requirements. In my field, at GRMC, is not guaranteed, that I must meet its, submit my grades as indicated, and may, is some cases, a funds.	
Date	Signature of Applicant	
Return completed application	on to: Gila Regional Medical Center Attention: HR Department 1313 E. 32nd Street Silver City, NM 88061	