



1500 Koenigstein Avenue
Norfolk, Nebraska 68701
Phone (402) 644-7296

**FAITH REGIONAL HEALTH SERVICES
EDUCATIONAL LOAN PROGRAM APPLICATION**

Submit application packet to Human Resources. Fall semester deadline is May 15; Spring semester deadline is October 15; Summer semester deadline is February 15. Application packet consists of the following items:

1. Completed application form
2. Essay
3. Three letters of reference

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone Number _____ E-Mail Address _____

High School _____

Graduation Date or Expected Graduation Date _____

College _____

Graduation Date or Expected Graduation Date _____

Current or Intended Healthcare Major _____

Academic Information: Please check your cumulative GPA

_____ 2.75 – 2.99	B-	80-82
_____ 3.00 – 3.24	B	83-86
_____ 3.25 – 3.49	B+	87-89
_____ 3.50 – 3.74	A-	90-92
_____ 3.75 – 3.89	A	93-96
_____ 3.90 – 4.00	A+	97-100

Work History: (Dates, Employer, Kind of Work, Hours Per Week)

Date	Employer	Kind of Work	Hours Per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Activities: Leadership, Extracurricular you participated in

Date	Activity	Hours Per Week
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Honors and Awards:

Date	Explanation of Honor or Award
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Essay: Please indicate in essay form why you have chosen this healthcare profession and why you would like to be considered for this educational loan program.

LETTER OF REFERENCE

Name of Applicant _____

Name of Recommender _____

Each applicant for the Faith Regional Health Services Educational Loan Program is required to submit two to three letters of reference as part of his or her application. Your candid assessment of the applicant's leadership skills, desire to earn a college degree in healthcare field or previously earned college degree will greatly assist the administering committee.

I recommend this student for consideration as Faith Regional Health Services Educational Loan Program recipient because: