

# **Jewish Hospital & St. Mary's HealthCare**



## **Application for Educational Loans**

**This application applies to placement after graduation in the following facilities:**

Jewish Hospital, Louisville KY  
Jewish Hospital, Shelbyville KY  
Frazier Rehab Institute, Louisville KY  
Sts. Mary & Elizabeth Hospital, Louisville KY  
Our Lady of Peace, Louisville KY

Dear Applicant:

Thank you for your interest in the Educational Loan Program offered by Jewish Hospital & St. Mary's HealthCare. The Educational Loan Program provides financial assistance to the most qualified individuals who are pursuing hard to fill healthcare careers. The Educational Loan program offers up to \$24,000. For every month of full time employment, \$500 will be forgiven. Maximum commitment is four years. However, this money will be taxable upon graduation. You do not have to be a current team member (employee) to apply for this program. We are excited to assist you in your desire to become a healthcare professional.

Educational Loans are available for the following healthcare careers:

- Registered Nurse
- Medical Imaging
- Respiratory Therapy
- Clinical Laboratory Scientist
- Pharmacy
- Physical Therapy
- Physical Therapy Assistant
- Occupational Therapy
- Certified Occupational Therapy Assistant
- Speech Language Pathology

Our requirements are as follows:

- ACT - 18 or greater, SAT – 900 or greater, NET – 70 or greater (if taken in past 5 years).
- Minimum of 3.0 GPA from most recent educational institution.
- Must be admitted into the program before submitting an application.
- GRE required for Physical Therapy, Occupational Therapy and Speech Language Pathology.
- We do not accept applications in any discipline if student is in (or entering) final semester, quarter, or session.
- High school student may apply after graduation if their GPA is a 3.8 or higher out of a 4.0 scale or in the top 5% of their graduating class.

To Apply:

1. Complete enclosed application.
2. Submit official high school transcripts. (if within last 5 years.)
3. Submit official transcripts from all colleges & universities you have attended in the past (including current).
4. Submit two letters of professional reference.
5. If you are a Jewish Hospital & St. Mary's HealthCare team member, please have your current supervisor or manager complete the enclosed reference form and return to Cindy Price in Human Resources at Jewish Hospital in a sealed envelope.
6. Typed narrative as per instructions in application.
7. Completed Applicant Release Form.
8. Submit personal resume.
9. Submit Program of Study from school advisor.

Send completed packet to:

Attention: Educational Loan Processing  
Human Resources  
Jewish Hospital & St. Mary's HealthCare  
410 South 1<sup>st</sup> Street  
Louisville, KY 40202

Selection Process:

We will accept Educational Loan applications year round. Upon receipt of your application and checklist, we will review your information, confirm that you meet the minimum requirements and verify that you have included all information requested. If you did not meet the criteria or failed to include any item from the checklist, you will receive a letter within 2 weeks. If your Educational Loan packet is complete and you meet all of the minimum requirements, we will call you within 2 weeks to schedule an interview. If that interview goes well, all of your information will be forwarded to our selection committee, which meets at least quarterly, and a 2<sup>nd</sup> interview with the selection committee will be scheduled. Within 2 weeks of the committee meeting, you will be notified regarding the committee's decision.

# **Jewish Hospital & St. Mary's HealthCare**

The following items *must be included* in your packet in order for you to be considered.

- \_\_\_1. Completed Educational Loan Application
- \_\_\_2. Completed Applicant Release Form
- \_\_\_3. Official High School Transcripts (if less than 5 years)
- \_\_\_4. Official Past College Transcripts (if applicable)
- \_\_\_5. Official Current College Transcripts
- \_\_\_6. ACT/SAT/ CPP/NET/GRE Scores (if applicable)
- \_\_\_7. Two Letters of Professional Reference (NOT to include current manager/supervisor if JHSMH team member)
- \_\_\_8. Typed Narrative (see below)
- \_\_\_9. Personal Resume
- \_\_\_10. Manager/Supervisor Recommendation Form (if current team member)
- \_\_\_11. Program of Study from School Advisor

## **Important things to know when preparing your Educational Loan application packet:**

- Please make sure the application is filled out completely and legibly.
- Sign the applicant release form.
- All transcripts need to be included in the packet. It is acceptable to have a school copy (unsealed), however a black/white copy is not acceptable.
- Test scores may be black/white copies (or may be included on your high school transcripts).
- High school transcripts are to be included in the packet if you have attended in the past 5 years *or* if you have not attended college.

## **Instructions for the Typed Narrative**

The typed narrative needs to be 1-2 pages. You may include any of the following:

- Describe your experiences and activities since graduating high school (or completing your GED).
- What have you accomplished that has given you the greatest satisfaction?
- Why are you choosing this profession?
- What has prevented you from reaching your goal in the desired profession?
- How do you see yourself making a difference to the profession?
- What is your *ideal* job/setting as a new grad?

# Jewish Hospital & St. Mary's HealthCare

1. Which degree are you pursuing? (Please Circle):

Registered Nurse

Physical Therapy Assistant

Occupational Therapy

Certified Occupational Therapy Assistant

Respiratory Therapy

Physical Therapy

Medical Imaging

Clinical Lab Scientist

Speech Therapy

Pharmacy

2. At which Facility are you most interested in working upon graduation? (Listed on Cover Page)

\_\_\_\_\_

3. Name \_\_\_\_\_ Maiden: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

4. Have you ever worked at Jewish Hospital & St. Mary's HealthCare or any of our Affiliates:

Y \_\_\_ N \_\_\_ Dates Employed: \_\_\_\_\_

If current team member, which unit/department? \_\_\_\_\_

Who is your current Manager/Supervisor? \_\_\_\_\_

Team Member#: \_\_\_\_\_

5. Current College

Attending: \_\_\_\_\_

Working Toward Which Degree? \_\_\_\_\_

Have you been accepted into the program? \_\_\_\_\_

Expected Grad Date (month/year) \_\_\_\_\_ Current GPA: \_\_\_\_\_

How many hours are you currently enrolled? \_\_\_\_\_

Do you plan to take Summer Classes: \_\_\_\_\_

6. Have you attended other colleges?

College	Dates Attended	Major	GPA	Degree Received

7. Name of High School: \_\_\_\_\_

Grad Date: \_\_\_\_\_

GPA: \_\_\_\_\_

8. Test Scores (If Applicable)

ACT Score: \_\_\_\_\_

Date Taken: \_\_\_\_\_

CPP, SAT, NET or GRE Score: \_\_\_\_\_ Date Taken: \_\_\_\_\_  
(Please circle)

9. How did you hear about our educational assistance program? \_\_\_\_\_

10. Have you received financial assistance from other sources? Y\_\_\_\_ N\_\_\_\_

If yes, with Whom? \_\_\_\_\_

Amount: \_\_\_\_\_

11. Are you currently under a scholarship agreement with another healthcare organization?

If Yes, which healthcare organization: \_\_\_\_\_ Y\_\_\_\_ N\_\_\_\_

Amount: \_\_\_\_\_

12. Are you receiving any other scholarships (academic, sports, etc.?) Y\_\_\_\_ N\_\_\_\_

If Yes, with Whom? \_\_\_\_\_

Amount: \_\_\_\_\_

13. Will you receive financial assistant from your family? Y\_\_\_\_ N\_\_\_\_

If Yes, Amount \_\_\_\_\_

14. Do you expect to work while you are in school? Y\_\_\_\_ N\_\_\_\_

If Yes, # of Hours per Week: \_\_\_\_\_

**Jewish Hospital &  
St. Mary's HealthCare**  
**Foundation Educational Assistance**

You may be eligible to receive financial assistance through Jewish & St. Mary's Foundation based on your area of interest as many contributors designate their contributions to specialty areas. The dollars awarded may be in the form of scholarships (nontaxable) or educational loans (taxable). This means you may be eligible to receive both educational loan dollars and scholarship dollars. To qualify for this assistance complete the following.

Please answer the following questions:

1. Name: \_\_\_\_\_

School: \_\_\_\_\_

Degree Pursuing: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

2. At which facility are you interested in working with after graduation?

Jewish Hospital \_\_\_\_\_

Frazier Rehab Institute \_\_\_\_\_

Our Lady of Peace \_\_\_\_\_

Sts. Mary & Elizabeth \_\_\_\_\_

Jewish Hospital, Shelbyville \_\_\_\_\_

3. Would you be interested in being considered for a Foundation scholarship/educational assistance? Please note: this may require additional interviews with the contributing families or additional documentation.

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Please list the healthcare specialty you are pursuing: \_\_\_\_\_.

5. If you are pursuing nursing, in what area of nursing (if applicable) are you interested working after graduation?

Medical/Surgical \_\_\_\_\_ Cardiovascular \_\_\_\_\_

Critical Care \_\_\_\_\_ Oncology \_\_\_\_\_

Emergency Room \_\_\_\_\_ Neuroscience \_\_\_\_\_

Psychiatric \_\_\_\_\_ Rehab \_\_\_\_\_

Orthopedics \_\_\_\_\_

Special thanks to those who have generously made contributions to the Jewish Hospital & St. Mary's Foundation, making it possible to offer educational assistance. Below is a listing of the scholarships that donors have established.

## **Jewish Hospital**

Minna Benjamin Nursing Memorial  
John V. and Kathleen G. Blalock Endowment  
Donal and Elaine Bornstein  
Shirley Outlaw Bowlds Memorial  
Tom Christerson and Family  
Judi Ciliberti Frazier  
Roger and Ethel Coleman  
Blanche Fine  
U.S. Bank Nursing  
Sam and Esther Fishman  
Ada Sara & Sidney Grossman  
Kenneth L. Hirsch Memorial  
Helen E. Johnson Memorial  
Lisa H. Johnson  
Joseph and Marie Kaplan  
Laurie Altman Kupferman  
Shirley and Howard Markus  
Helen Marshall  
The Raus Family Friends of Nursing  
Rehabilitation  
Matilda G. and Norman D. Roth Memorial  
Harry I. and Edith H. Sloan Memorial  
Harry and Anna Udewitz

Julia F. Victor Memorial  
Visiting Nurse Association  
Robert A. Watson, Jr.  
Mary Rubenstein Weiner  
Women 4 Women Mary Ray Oaken  
Pat Waterman  
John Rankin

## **St. Mary's HealthCare**

CARITAS Nursing Award  
Auxiliary RN-to-BSN Award  
Dr. Clifford V. Jennings Memorial\*  
Lily Banerjee Memorial  
DXP Imaging  
Adam Jalil Maamry Memorial  
Shad Mason Memorial  
Dr. Nathan Zimmerman  
Jeff and Phyllis Osbourn  
CARITAS Medical/Dental Staff

*\*This is a true scholarship with no contracted work commitment or taxes.*

# Jewish Hospital & St. Mary's HealthCare

## REFERENCE SHEET

If current team member, please have your manager/supervisor complete:

Date: \_\_\_\_\_

Team Member Name: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Facility: \_\_\_\_\_

Length of time in area: \_\_\_\_\_

	Poor	Average	Good	Excellent
Attendance				
Skills				
Teamwork				

Does team member have discipline issues? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

If employee was PRN, commitments were met each month? Yes \_\_\_\_\_ No \_\_\_\_\_

Pick three words to describe this team member: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When this team member completes the educational program, would you want to keep him/her in your unit/department? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Manager/Supervisor Signature: \_\_\_\_\_

**CONSENT AND DISCLOSURE**

DATE \_\_\_\_\_

LOCATION \_\_\_\_\_

I understand that Jewish Hospital & St. Mary's HealthCare will utilize the services of STERLING TESTING SYSTEMS, INC., 249 West 17th Street, New York, NY 10011, as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, Jewish Hospital & St. Mary's HealthCare may obtain further information through subsequent investigations by STERLING TESTING SYSTEMS, INC so as to update, renew or extend my employment.

I understand a consumer reporting agency's investigation may include obtaining information covering up to the last seven (7) years regarding, among other items, my credit background, references, character, driving record, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgment and liens, subject to state and federal law. The investigation also may include obtaining information relating to criminal records without any time limitations, subject to state and federal law.

In the event an investigative consumer report is conducted, I understand such information may be obtained by personal interviews with my acquaintances or associates or with others whom I am acquainted or who may have knowledge concerning my character, general reputation, personal characteristics or standard of living. I understand such information may also be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the Company receives my request or five days after the investigative consumer report was requested, whichever is later.

By checking the box, I indicate that I wish to receive further disclosure about the nature and scope of any Company request for an investigative consumer report.

I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act.

I also understand that before I am denied employment based, in whole or part, on information obtained in the investigative consumer report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I understand if I disagree with the accuracy of any information in the report, I must notify Jewish Hospital & St. Mary's HealthCare within five business days of my receipt of the report. If I notify Jewish Hospital & St. Mary's HealthCare within five business days of the receipt of the report that I am challenging information in the report, Jewish Hospital & St. Mary's HealthCare, will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize Jewish Hospital & St. Mary's HealthCare to procure an investigative consumer report on my background as stated above from STERLING TESTING SYSTEMS, INC. In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of employment.

First Name	Date of Birth (MM/DD/YY)
Last Name	Middle Name/Initial
	<input type="checkbox"/> Male <input type="checkbox"/> Female
Other Names Known By	#yrs at this address
Current Address	#yrs at this address
City	State
Previous Address	#yrs at this address
City	State
Driver's License No.	State
Social Security No.	

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Minnesota & Oklahoma applicants Only:** I have the right to request a copy of my consumer report from Sterling Testing Systems, Inc. by checking the box below. Sterling Testing Systems will mail the consumer report directly to me. Minnesota Applicants Only: I have the right to make a written request to the consumer reporting agency to provide me with a complete and accurate disclosure of the nature and scope of the consumer report.

I wish to receive a copy of the consumer report. (Check box only if you wish to receive a copy)

# Jewish Hospital & St. Mary's HealthCare

## VOLUNTARY IDENTIFICATION INFORMATION

### Pre-Employment

Jewish Hospital HealthCare Services is an equal opportunity employer. All applicants are considered without regard to race, color, religion, sex, age, national origin, disability or any status, which is protected by state or federal law.

In an effort to comply with government record keeping requirements, we ask that you voluntarily complete this information. The information you choose to provide will be kept in a separate file and will not be used in any hiring or other employment decision. Any information provided will be held in the strictest of confidence.

**POSITION APPLYING FOR:** \_\_\_\_\_

NAME	SOCIAL SECURITY NUMBER

**CITY OF RESIDENCE:** \_\_\_\_\_

**COUNTY OF RESIDENCE:** \_\_\_\_\_

#### GENDER

- Female
- Male

#### ETHNIC BACKGROUND

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> White    | <input type="checkbox"/> American Indian / Alaska Native |
| <input type="checkbox"/> Black    | <input type="checkbox"/> Asian / Pacific Islander        |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other (specify)                 |

**DATE:** \_\_\_\_\_

ALL INFORMATION PROVIDED IS CONFIDENTIAL!