



# Future of Nursing

## Hillsdale Hospital Academic Assistance Program

- Award** Loan for up to \$10,000, which is forgiven upon employment with Hillsdale Hospital following degree completion
- Applicable Degrees** Associate Degree in Nursing (ADN)  
Bachelor of Science in Nursing (BSN)
- Application Checklist**
- Completed Application Form
  - Letters of Recommendation (2)
  - Essay: Why Healthcare
  - Essay: Why Hillsdale Hospital
  - Transcript(s)
- Submission Deadline** Monday, March 2, 2020 @ 4 pm
- Ways to Submit** Deliver, Email or Mail
- Deliver to Hillsdale Hospital Annex (southeast corner of the hospital campus)
  - Email to Mackenzie Tipping, Nurse Educator, [mtipping@hillsdalehospital.com](mailto:mtipping@hillsdalehospital.com)
  - Mail to Attn: Mackenzie Tipping, Nurse Educator  
Hillsdale Hospital  
168 S. Howell Street  
Hillsdale, Michigan 49242



**HILLSDALE  
HOSPITAL**

# 2020 Future of Nursing Academic Assistance Application

## Student Information

Name					
Address					
Home Phone			Cell Phone		
Social Security Number	-	-	Date of Birth	/	/
Email					

## Educational Information

High School						
Address						
Phone						
Counselor				Phone		
Current Grade Level	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior			GPA (3.0 or higher)		
ACT Score		SAT Score		Class Rank	out of	

## College/University Information

List colleges the college you have applied to, in order of preference.

School	Accepted	Pending
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Proposed Area of Study		

## References

List the two instructors or school administrators who provided written letters of recommendation.

Name	Phone	Email



## Family Information

Fill out this section only if your parent(s)/guardian(s) claim you as a dependent on their tax return.

Father			
Occupation		Employer	
Mother			
Occupation		Employer	
How many siblings do you have?	Older:	Younger:	
How many members of your household, including parents/guardians, are in college?			
Please explain.			

## Financial Information

Have you submitted the Free Application for Federal Student Aid (FAFSA)?	Yes	No
	<input type="checkbox"/> Date: ____ / ____ / ____	<input type="checkbox"/>
Expected Family Contribution (EFC), from FAFSA Student Aid Report (SAR)		\$
Total Household Income (adjusted gross income from tax return)	<input type="checkbox"/> Below \$20,000 <input type="checkbox"/> \$40,000 to \$50,000 <input type="checkbox"/> \$60,000 to \$70,000 <input type="checkbox"/> \$20,000 to \$30,000 <input type="checkbox"/> \$50,000 to \$60,000 <input type="checkbox"/> Above \$70,000 <input type="checkbox"/> \$30,000 to \$40,000	
Financing your intended educational program (Please give costs for your first-choice college.)	<i>Tuition</i>	\$
	<i>Financial Aid from Other Sources (scholarships, grants, loans, etc.)</i>	\$
	<i>Projected Total Cost of First Year</i>	\$
	<i>Remaining Need (subtract tuition from other financial aid)</i>	\$
Please describe any unusual financial circumstances in your household.		

## Essays: Educational & Career Goals

- Why Healthcare Essay**  
 Please indicate your educational goals and why you want to pursue a career in healthcare. Please provide an essay of 500 words or less and attach to application.
- Why Hillsdale Hospital Essay**  
 Please indicate why this opportunity is important to you and why you would want to work at Hillsdale Hospital. Please provide an essay of 500 words or less and attach to application.

## Acknowledgment

I understand that application for educational loan assistance does not guarantee acceptance into the Hillsdale Hospital Educational Assistance program. All applications will be considered on an individual basis and the educational program being pursued. Financial assistance will be based on fees and charges of local accredited programs within the State of Michigan. Only tuition will be covered by this scholarship. The completion of any program does not guarantee employment.

I voluntarily give Hillsdale Hospital the right to make a thorough investigation of my past activities. I understand that if I have given any false information on this application or if I have omitted any material facts, I may be disqualified from the program, or if accepted, I may be discontinued from the program upon any misrepresentation or omission.

If accepted into the Educational Loan Assistance Program, I agree to execute a Loan Agreement, which will set forth my loan repayment obligation as well as my right to forgiveness of that obligation.

I understand and agree with the above statements and to the best of my knowledge provided complete and accurate information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_