

## **Gove County Healthcare Endowment Loan Program**

Applicant must be accepted to accredited school program and approved by the Loan Committee.

**Money will be paid to the school.**

Only paying for 2-year nursing programs.

### **Payment Schedule:**

<b>Course</b>	<b>Total Amt. Pd.</b>	<b>Work at GCMC in field of study</b>
<b>CMA</b>	\$300.00	Work 1 year for loan forgiveness
<b>CNA</b>	\$300.00	Work 1 year for loan forgiveness
<b>LPN</b>	\$2,500.00	Work 2 years for loan forgiveness
<b>RN</b>	\$3,000.00	Work 3 years for loan forgiveness
<b>Lab/Radiology</b>	\$3,000.00	Work 3 years for loan forgiveness

## **Gove County Healthcare Endowment Foundation, Inc.**

The financial aid we are offering you is not a scholarship. It is a financial aid program. It covers your tuition, books, and only fees relevant to your classes, such as lab fees.

During the course of your studies the Financial Aid Committee must be kept informed of your status in school each semester before any further money will be allocated. You will also notify the Committee of any address changes.

Upon completion of your class you will notify the Committee that you have finished school. You are encouraged to apply to Gove County Medical Center for a position in the area in which you have trained. If you are employed at Gove County Medical Center you must work as per payment schedule. Gove County Healthcare Endowment Loan Committee **must** be notified of your work status at that time. When this work time is completed, you will meet with the Committee to request that we terminate your repayment obligation, which will at that time become loan forgiveness.

If you are not employed in your field of study at Gove County Medical Center, or you choose to work elsewhere, you will be required to repay this loan. Payments must begin no later than six months after completion of your schooling. You must meet with the Committee to set up a repayment plan. The repayment will include interest at the rate of 5%, which will begin to accrue six months after course completion.

**BY LOANING YOU THESE FUNDS NEITHER GOVE COUNTY  
MEDICAL CENTER NOR GOVE COUNTY HEALTHCARE  
ENDOWMENT FOUNDATION, INC. ARE GUARANTEEING YOU  
EMPLOYMENT.**

Applicant's initials \_\_\_\_\_

Date \_\_\_\_\_

**GOVE COUNTY HEALTHCARE ENDOWMENT FOUNDATION, INC.  
HEALTHCARE PROFESSION FINANCIAL AID APPLICATION**

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ Years local resident \_\_\_\_\_

Occupation of parent or guardian \_\_\_\_\_

Number of siblings pursuing their education at the same time \_\_\_\_\_

Cumulative grade point average \_\_\_\_\_ ACT composite score \_\_\_\_\_

Where do you plan to pursue your post-high school training? \_\_\_\_\_

Cost of one year of schooling \_\_\_\_\_

If you do not receive financial aid, would you still pursue your education? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain your reasons for needing financial aid. Be Specific:

Are there any unusual circumstances that you would like to have considered? Explain:

At this time, what your occupational goals? Be Specific:

List all extracurricular activities, offices, honors, or special interests

**ADDITIONAL INFORMATION TO BE INCLUDED WITH  
YOUR APPLICATION:**

- High School or College transcript
- FAFSA/family financial statement
- Three letters of recommendation (no relatives)

If you are applying for a nursing loan, the Financial Aid Committee recommends you investigate the Kansa Board of Regents Scholarship program in conjunction with this loan.

**PLEASE READ THE ATTACHED INFORMATION SHEET  
BEFORE YOU INTERVIEW**