# The Benjamin Ladner Nursing Excellence Tuition Assistance Program

### Benjamin Louis Ladner

## Application Process for the Benjamin Ladner Nursing Excellence Tuition Assistance Program:

Clearly print/type and complete all applicable sections of the application. The completed application must be signed by the applicant and his/her current department manager/supervisor.

Include all required additional documentation:

One-page personal essay

Two (2) letters of recommendation

Transcript(s) from ADN program of study

Submit completed application packet to Human Resources at least six weeks prior to the upcoming semester or

#### Criteria for Benjamin Ladner Nursing Excellence Tuition Assistance Program:

Current/Active employee with the DCH Health System in good standing with no employee accountability issues in the past 12 months; including an accountability discussion.

Current/Active employee in a regular full-time or part-time benefited position of a .9 FTE or higher with the DCH Health System for at least 12 consecutive months.

Must be accepted in an approved ADN to BSN program of study for one of the following schools:

University of Alabama - Tuscaloosa

Auburn University

Jacksonville State University

University of Alabama - Huntsville

University of North Alabama

University of South Alabama

Employee must complete and sign application to include:

A completed/signed application (incomplete applications will not be considered)

Provide an official transcript from college where ADN was obtained and every semester while enrolled in the BSN program of study.

Provide a one-page essay signed by the applicant that includes:

Reason(s) for choosing to pursue a BSN

Career goals (short and long-term)

Financial need (degree of hardship)

Two (2) letters of recommendation that addresses the applicant's academic ability, studiousness, personal character and/or leadership abilities. One letter from each of the following:

Nurse Manager/Director

Educator/Academic Advisor (from ADN program)

Recipients are required to submit final semester grades for each course enrolled and meet the course grade requirement of a "B" or better.\*\*

Maximum benefits per calendar year = \$5,250 (as per IRS regulations)

Award is renewable each semester as long as the applicant is in good standing according to the criteria established.

Recipients are expected to continue their employment with the DCH Health System for a minimum of 36 months after completion of the final semester and to remain in a benefited .9 FTE or better status during the duration of this period.\*\*

<sup>\*\*</sup> If terms are not met, repayment of full or partial funds awarded plus accrued interest (8%) and any additional collection costs:



#### Benjamin Ladner Nursing Excellence Tuition Assistance Program Application

DCH Regional Medical Center - Northport Medical Center - Fayette Medical Center

Applicant Profile: (F	Please print or type legi	oly)		
Today's Date:				
DCH Employee #: 0000	)			
Full Name:				
Mailing Address:				
			Zip:	
Phone:		email:		
DCH Employment	Eligibility:			
DCH Current Position:		Work Ext.:		
Facility:	Cost Center:	Department Name:		

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- 1. I have read the Benjamin Ladner Nursing Excellence Tuition Assistance Program information provided and understand that I must submit official documentation of enrollment, a ne-page personal essay, and two (2) letters of recommendation at least six weeks prior to the start of the semester or by the defined deadline for review in consideration with this application for tuition assistance.
- 2. I understand that tuition assistance, if approved, will be determined based on the cost of tuition, books and fees. If approved,