



**St. Elizabeth's Hospital
Healthcare Student Loan Forgiveness Program Application**

Application Deadline – June 1

Applicant's Name (Please Print) _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Date of Birth _____

County _____

Field of Study: Registered Nurse Respiratory Therapist Pharmacist
 Imaging Technologist, please list area of specialty _____
 Other (specify) _____

Have you been accepted in an accredited college program? Yes No

Will you be a full-time (min of 15 hrs/sem) or a part-time student in college? _____

College/University Name _____

Address _____

Are you receiving any other form of financial assistance? Yes No

Type/Amount: _____

What is your current Grade Point Average? _____

Please include a copy of your transcripts (unofficial copies will be accepted)

Expected date of graduation from college _____

Are you currently employed at St. Elizabeth's? Yes No Dept _____

Do you have an immediate family member working at St. Elizabeth's? Yes No

Name/Dept. _____

Submit along with this application, a 500 word essay on why you are choosing a career in healthcare.

It is understood that by completing and submitting this Application to St. Elizabeth's Hospital, no promises or guarantees have been made to me regarding my eligibility for and acceptance into this program.

It is also understood that if approved for this award, the recipient will agree to work full time or part time a minimum of 12 continuous months immediately following graduation and the amount received will be forgiven, award forgiveness is taxable income.

Applicant's Signature

Date

Send this application to:

Freda Zimmerman,

or **Fax:** (618) 641-5455

St. Elizabeth's Hospital

211 South Third Street, Belleville, IL 62220-1998

Phone: (618) 234 2120 Ext. 1335

Do not write below this line

_____ Application approved.

_____ Application approval pending.