

APPLICATION FOR NURSING LOAN

WILSON MEMORIAL HOSPITAL

915 W. Michigan St.

Sidney, Ohio 45365

Name _____ Social Security _____

Address _____

Home Phone () _____ Daytime Phone () _____

EDUCATION

High School Attended _____ Phone Number () _____

Address _____ Grade Point Average _____

College Status: Planning to attend Accepted to college – start date _____

Currently attending – number of years completed _____

Grade point average _____ Attach Transcript

RN School Status: Accepted Currently attending – number of years completed _____

Grade point average _____ Attach Transcript

College/RN School _____ Phone Number () _____

Address _____

WORK EXPERIENCE

Present Employer _____ Job Title _____

Address _____ Phone Number () _____

Starting (Mo./Yr.) _____ Ending (Mo./Yr.) _____ Supervisor's Name _____

Past Employer _____ Job Title _____

Address _____ Phone Number () _____

Starting (Mo./Yr.) _____ Ending (Mo./Yr.) _____ Supervisor's Name _____

EXTRACURRICULAR OR CIVIC ACTIVITIES

Please list activities in which you are/were involved and include dates of involvement:

REFERENCES

Please list three professional references. Example: Guidance Counselor, Instructor, Supervisor

Name _____ Title _____

Address _____ Phone Number () _____

Name _____ Title _____

Address _____ Phone Number () _____

Name _____ Title _____

Address _____ Phone Number () _____

ESSAY

Please write in essay form your specific reason(s) for applying for this loan, what has inspired you toward a career in nursing, why you feel qualified for a career in nursing, and what specific area of nursing (if known) interests you.

By signing this application I am applying for a student loan for one year in the amount of _____ . I understand that if I am granted this student loan I am required to sign an agreement for the loan disbursement and repayment of half the loan through full time employment and payroll deductions as outlined in the agreement.

I hereby certify that the above information is true and correct. The companies, schools, and persons named herein may give information regarding me and I hereby release them from all liability for doing so.

Date

Applicant Signature

If you are under 18 years of age, a parent's or guardian's signature must be obtained to release the requested information.

Date

Parent's or Guardian's Signature

APPLICATIONS SHOULD BE RETURNED TO THE HUMAN RESOURCES OFFICE OF WILSON MEMORIAL HOSPITAL.