

Orlando Health

Tuition Assistance Program

Orlando Health is offering a Tuition Assistance Program plan whereby students currently enrolled in an accredited generic Registered Nursing Program may receive Tuition Assistance. Tuition Assistance may be used for tuition, books, uniforms, living expenses and other expenses associated with the student's studies. The recipient must agree to future employment at an Orlando Health facility (Arnold Palmer Hospital, Orlando Regional Medical Center, Lucerne Hospital, M.D. Anderson Cancer Center Orlando, South Seminole Hospital, Winnie Palmer Hospital, or Dr. P. Phillips Hospital) for a specified period of time. The recipient may elect to participate in a one-year or two-year program.

Tuition Assistance Available

\$2,500 in assistance is available to students in exchange for commitment for 1 year of employment at an Orlando Health facility. *

\$5,000 in assistance is available to students in exchange for commitment for 2 years of employment at an Orlando Health facility. *

*Each individual is eligible to participate in only one (1) Tuition Assistance Program.

Eligibility Requirements

Applications will be considered for both scholarly merit and financial need. Any student attending a college or university with an accredited registered nursing program is eligible for the tuition assistance. Applicants must have at least a 3.0 overall grade point average (GPA) on a 4.0 scale. If selected, recipient will be required to sign an agreement to work for Orlando Health for agreed upon amount of time-12 or 24 months and a promissory note.

Employment Requirements

Within one (1) month after graduation, from the accredited nursing program, the student must start full time or variable full time employment at an Orlando Health facility. Team member must remain in a full time or variable full time 24/7 Clinical Nurse I (Job Code 2501) for the full commitment period. Should the team member fail to remain in a 24/7 position and full time or variable full time status, for any reason, for the full commitment period the entire tuition assistance shall be returned immediately to Orlando Health.

Recipients who fail to meet Orlando Health's standards of employment will be required to repay the full amount of the Tuition Assistance.

A completed application packet will consist of:

- Application Form
- Successful completion of two semesters accredited generic RN Nursing program currently enrolled in **or** successful completion of one semester of an accelerated or advanced standing RN Nursing program for LPN or other licensed allied health provider currently enrolled in
- Official transcripts from your current college or university
- Two letters of recommendation from Nursing faculty
- One letter of reference from most recent employer
- An interview may be included in the final selection process

Application Deadlines are as follows:

April 1, 2009

Applicants will be notified of status on or about:

May 1, 2009

Please send completed packet to:

Deborah A. Garber
Orlando Health
Education & Development
1414 Kuhl Avenue, MP # 3
Orlando, Florida 32806

Please note: Incomplete applications will not be considered. The Tuition Assistance Committee will review applications and determine recipients.

***Funds are limited**

ORLANDO HEALTH

Tuition Assistance Program

Application Form

1. Name: _____
2. Permanent Mailing Address: _____
3. Social Security Number: _____
4. Home Phone #: (_____) _____
5. Work Phone #: (_____) _____
6. Family Income (include all income including pensions):
 Current Year: _____ Previous Year: _____

7. List of all colleges or schools attended, including present:

Name, City & State	Period of Attendance	GPA	Degree Sought	Degree Completed

8. Contributions and service to community and/or school:

9. List honors, awards or other areas of merit:

10. Please list other types and amount of financial aid (scholarships, grants, tuition reimbursement, student aid, military allotments, etc.) you are currently receiving, have applied for, or will receive (scholarships will be revoked if this information is not accurate):

Type of Assistance	Specify if applied for, currently receiving, and if repayment is due	Amount	Dates

11. In space provided, state financial need for assistance:

12. If necessary, explain any unusual expenses, educational and other debts, or special circumstances:

13. Please attach a paragraph (approximately 150 words) of why you want to become a registered nurse.

14. Please provide a paragraph (approximately 100 words) of your professional goals:

15. Please list past and present work experience:

Employer	Type of Work	Reason for Leaving

Applying for: _____ \$2,500 – 1 Year Commitment _____ \$5,000 – 2 Year Commitment

School of Nursing: _____

Date of Graduation: _____

All of the above information is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. Any falsification will result in scholarship ineligibility.

Signature

Date

Please return completed application packet which includes an application form, college transcripts, and 3 letters of professional recommendation by April 1, 2009 to:

Deborah A. Garber
Orlando Health
Education & Development, MP# 3
1414 Kuhl Avenue
Orlando, FL 32806