CovenantHealth SM

Application for

Health Traxx Education Assistance

Last Name	First Name	Middle Name	Mailing Address

Phone	Social Security No.

Please indicate the type of education assistance you are requesting

- ☐ Work/School Plan
- ☐ Tuition Reimbursement Plan

Which Healthcare Educational Program Do You Intend to Complete?

☐	Professional Diploma Nursing at Covenant School of Nursing	☐	Respiratory Care Therapist at South Plains College
☐	Advanced Credit Nursing at Covenant School of Nursing	☐	Texas Tech University Health Sciences Center School of Nursing
☐	Associate Degree Nursing at South Plains College	☐	West Texas A&M Nursing
☐	Associate Degree Nursing, Advanced Placement at South Plains College		

What is your start date and anticipated graduation date for the education program?

(You must have been admitted to a program to qualify for Health Traxx Education Assistance)

Starting Date	Graduation Date

Items to attach to this application:

- ☐ Letter or document showing that you have been admitted to the education program you selected above.
- ☐ One page statement explaining the reasons you believe you should be provided the education assistance funds for which you are applying.
- ☐ Recommendation from current supervisor (if employed)
- ☐ Transcript of grades from most recent year of school
- ☐ 3 Letters of Recommendation

Name, Mailing address and phone number of someone who will always be able to contact you in case of emergency.

What were the results of your application for Federal Student Aid?

(Work/School Plan and Tuition Assistance Plan applicants should apply for Federal Student Aid such as Pell Grants and Stafford Loans and local assistance before applying for Health Traxx Assistance)

Name of Grant/Loan/Scholarship	Amount	Date to Recieve
1.		
2.		
3.		

If you are currently employed, please complete this section

Name of Employer	Employment Date	Department/Unit

Current Status: Part Time, Full Time, on Call	Current Base Rate of Pay	Current scheduled hours per week	Future scheduled hours per week while school is in session

Name of Immediate Supervisor	Your Position Job Title

I certify that the information contained in this application is true and correct to the best of my knowledge. I also certify that I have no felony convictions that would make me ineligible to take licensure/certification examinations after I graduate from the healthcare education program to which I have been admitted. I further understand that if accepted as a participant in the Health Traxx Education Assistance program, I must sign an agreement to work at Covenant Health after graduation, and I know that all employees of Covenant Health must pass pre-employment and random drug screening tests. I understand that this application may not be processed if it is not complete and submitted with all the required information.

Signature of Applicant	Date of Application

Revised 02/2016

Please return form to Human Resources Manager. For questions call 806-725-0301.