



NEWMAN  
REGIONAL HEALTH

Dear ESU Nursing Student:

Newman Regional Health is making available three \$7000.00 forgiveness loans for Eligible students. Eligible students must be classified as a junior or senior, have an overall grade point average of 3.0 (on a 4.0) scale, and must be passing all of their classes. These forgiveness loans will be paid at a rate of \$3500.00 upon the start of the fall and \$3500.00 upon the start of the spring semester. The monies will be given directly to the student to be used however they see necessary to remain in school.

The acceptance of a forgiveness loan will mandate that a student sign a work agreement and promissory note with Newman Regional Health. The terms of the agreement set forth that the forgiveness loan will be forgiven with one year of full-time service to the hospital for each \$7000.00 accepted.

Enclosed you will find an application form. If you are interested, please fill out and return application and official transcript to:

Newman Regional Health  
c/o Human Resources  
1201 W.12th Ave.  
Emporia, Kansas 66801

Early application is encouraged, as funds are limited three.

If you have any questions please call Tanya Beyer, Director of Human Resources at 620-343-6800 ext. 21100.

Sincerely,

Tanya Beyer  
Human Resources Director

**APPLICANT DATA**

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Name (last, first, middle) \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Age \_\_\_\_\_  
Permanent Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Message Phone (\_\_\_\_) \_\_\_\_\_

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**EDUCATION:**

| School Name | City, State | Degree |
|-------------|-------------|--------|
| _____       | _____       | _____  |
| _____       | _____       | _____  |
| _____       | _____       | _____  |
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**GOALS & ASPIRATIONS:**

Describe why you feel you would be a good nurse and your goals as they pertain to nursing.

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**WORK EXPERIENCE:** *(if applicable)*

Describe your work experience for the past five years.

| Company Name/<br>City & State | Position | Dates of Service | Hours per week | Job Duties |
|-------------------------------|----------|------------------|----------------|------------|
|                               |          |                  |                |            |
|                               |          |                  |                |            |
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**TRANSCRIPT:**

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Every applicant must submit a complete official transcript of college grades. Failure to provide transcript will disqualify applicant.

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**SCHOOL VERIFICATION:**

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I verify that this student has been accepted and is enrolled at \_\_\_\_\_  
for the 20\_\_/20\_\_ school year. *(Name of School)*

\_\_\_\_\_  
Signature and Title of School Official

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**CERTIFICATION:**

I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in the forgiveness loan becoming immediately due and payable to NRH. This application becomes the property of NRH.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Newman Regional Health awards forgiveness loans without regard to race, religion, creed, age, sex or national origin. Newman Regional Health is an equal opportunity lender and grantor.