



**INTERNATIONAL ASSOCIATION FOR HEALTHCARE  
SECURITY AND SAFETY FOUNDATION**

**APPLICATION FOR TUITION ASSISTANCE**

*The foundation's mission is to advance the awareness and professional competence of the healthcare security and safety industry through research, education, and recognition.*

*The scholarship program was developed to support the education component of the mission.*

This application will be used by the Foundation to evaluate, consider, and make a determination to offer or not offer tuition assistance as appropriate. Consideration is given to those applicants who are in line with the Foundation's mission statement above and as funds are available.

**SECTION I - Applicant's Personal Information**

APPLICANT'S NAME:

(First) (Middle) (Last)

HOME ADDRESS:

(Nr. / Street) (City / Town)

HOME TELEPHONE #:

(State / Province) (Country) (Postal Code)

JOB TITLE:

DUTY LOCATION:

(Nr. / Street) (City / Town)

DATE OF EMPLOYEMENT: (day) (month) (year)

EMPLOYMENT STATUS: Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ // Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

**SECTION II - Applicant's Employment Information**

EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS:

(Nr. / Street) (City / Town)

DIRECT SUPERVISOR:

(State / Province) (Country) (Postal Zone)

DIRECT SUPERVISOR:

(Name)

(Position / Title  
and email)

SECTION III – Nominee Duty Assignment – Please specify your current role in your job and job duties.

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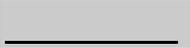
SECTION IV – Intended utilization of tuition assistance provided by IAHSF-F.

EDUCATIONAL INSTITUTION: \_\_\_\_\_

EDUCATIONAL INSTITUTION ADDRESS: \_\_\_\_\_ (name) \_\_\_\_\_

List program of study/major above

Section V. Tuition Assistance

**Please list how much other financial support you will be receiving from other sources:** 

SECTION VI. – Have you been a recipient of prior IHSSF Tuition Assistance: Yes: \_\_\_\_ No: \_\_\_\_

SIGNATURE of APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_



Name of Applicant \_\_\_\_\_

Name of Immediate Supervisor \_\_\_\_\_ Signature of Supervisor  
\_\_\_\_\_

The Applicant's immediate supervisor is requested to provide an assessment of the Applicant's performance, work history, dependability, attitude, strengths and personal characteristics which support the recommendation that this application for tuition assistance receive favorable consideration by the Scholarship Committee of the Board of Directors of the International Healthcare Security and Safety Foundation.

