



International Association for Healthcare Security and Safety Foundation (IAHSS-F)

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 decide to offer, or not to 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 – Personal Information

Name (<i>first/middle/last</i>):	
Home Address (<i>#/street/city/state/country/postal code</i>):	
Email:	
Phone #1:	Phone #2:

SECTION II – Employment Information

Company:
Job Title:
Work Address (<i>#/street/city/state/country/postal code</i>):
Date of Hire:
Employment Status (<i>circle all that apply</i>):
Permanent Temporary Full Time Part Time

Direct Supervisor Name:	Position/Title:
Direct Supervisor Phone:	Email:

SECTION III – Duty Assignment

Please describe your current job duties and responsibilities:

SECTION IV – Intended Utilization of Tuition Assistance Provided by the IAHSS-F

Educational Institution:
Educational Institution Address (<i>#/street/city/state/country/postal code</i>):
Course/Program/Major:

SECTION V – Tuition Assistance Information

Have you been a past recipient of IAHSS-F tuition assistance: Yes No
Please list how much other financial support you will be receiving from other sources:

Signature of Applicant: _____ Date: _____

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Date Received:

Circle One: Approved Denied

Decision Date:

Applicant Notified of Decision Date:

Signature of IAHSS-F:

Notes: