

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 (first/middle/last):

Home Address (#/street/city/state/country/postal code):					
Email:					
Phone #1:		F	Phone #2:		
SECTION II – E	mployment Info	rmation			
Company:					
Job Title:					
Work Address (#/street/city/state/country/postal code):					
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 T					
	uition Assistance Provided by the IAHSS-F				
Educational Institution:	uition Assistance Provided by the IAHSS-F				
Educational Institution: Educational Institution Address (#/stre					
Educational Institution:					
Educational Institution: Educational Institution Address (#/stre	eet/city/state/country/postal code):				
Educational Institution: Educational Institution Address (#/stre	eet/city/state/country/postal code): nation				
Educational Institution: Educational Institution Address (#/streeducational Institution Inst	eet/city/state/country/postal code): nation				

Signature of Applicant: _____ Date: _____



APPLICANT'S STATEMENT OF GOALS and OBJECTIVES IN SEEKING IAHSS-F TUITION ASSISTANCE

Name of Applicant:	
Signature of Applicant:	Date:
The Applicant is expected to provide, in the space below, a compressatement of goals and objectives to be obtained in pursuing the properties of the International Security and Safety Foundation.	ogram/course of study for which uld define the manner in which the



SUPERVISOR'S ASSESSMENT OF THE APPLICANT

Name of Applicant:
Name of Immediate Supervisor:
Signature of Supervisor: Date:
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 Association of Healthcare Security and Safety Foundation.



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Date Received:
Circle One: Approved Denied
Decision Date:
Applicant Notified of Decision Date:
Signature of IAHSS-F:
Notes: