

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

The Steven Gaunt Academic Scholarship

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/m	iddle/last):				
Home Address (#/street/city/state/country/postal code):					
Email:					
Phone #1:		F	Phone #2:		
SECTION II – F	mployment Info	rmation			
		THACION .			
Company:					
Job Title:					
Work Address (#/street/city/state/country/postal code):					
D 1 (11)					
Date of Hire:					
Employment S	Status (<i>circle all ti</i>	hat apply):			
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 1	Tuition Assistance Provided by the IAHSS-F				
Educational Institution:					
Educational Institution Address (#/stre	eet/city/state/country/postal code):				
Course/Program/Major:					
SECTION V - Tuition Assistance Inforr	nation				
Have you been a past recipient of IAHSS-F tuition assistance: Yes No					
Please list how much other financial s	upport you will be receiving from other sources:				



Name of Applicant:	
Signature of Applicant:	Date:
statement of goals and objectives to be obtain IAHSS-F tuition reimbursement is being sough	pace below, a comprehensive, clear, and concise ned in pursuing the program/course of study for which at. The statement should define the manner in which the nission of the International Association of Healthcare



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:				