

International Healthcare Security and Safety Foundation
SCHOLARSHIP PROGRAM

APPLICATION FOR TUITION ASSISTANCE

The foundation is established for the purpose of fostering and promoting the welfare of the public through educational and scientific research and development of healthcare security and safety management and administration.

These objectives of service to the public shall be accomplished by:

- *Promoting and developing educational research into the maintenance and improvement of healthcare security and safety management.*
- *Developing and conducting educational programs for the public in the field of healthcare security and safety management.*

The International Healthcare Security and Safety Foundation has established the Scholarship Program as one means of fulfilling the Objectives and Purposes set forth in its By-Laws.

Submission of the information requested of applicants for tuition assistance provides the basis for evaluation and approval of the application, and determination of the extent of assistance to be provided by the Foundation.

SECTION I - Applicant's Personal Information

APPLICANT'S NAME: _____
(First) (Middle) (Last)

HOME ADDRESS: _____
(Nr. / Street) (City / Town)
(State / Province) (Country) (Postal Code)

HOME TELEPHONE Nr.: _____ - _____ - _____

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

DIRECT SUPERVISOR: _____
(Name)

DIRECT SUPERVISOR: _____
(Position / Title)

NR. MONTHS DIRECT SUPERVISION: _____ TELEPHONE NR.: _____ - _____ - _____

DEPT / SVC ADMINISTRATOR: _____
(Name)

DEPT / SVC ADMINISTRATOR: _____
(Position / Title)

SECTION III - Nominee's Assigned Duties *(Include Job Description per Table of Organization as Atch A hereto)*

SECTION IV- Nomiee's Duty Assignments *(Specific Tasks performed on daily, weekly, monthly, quarterly sched*

Daily: _____

Weekly: _____

Monthly: _____

Quarterly: _____

SECTION V - Nomiee's average number of hours, per workweek during the most recent six months

Regular Wages: _____ *OverTime Wages:* _____ *UnPaid:* _____ *Compensatory Time:* _____

SECTION VI - Most recent Performance Evaluation: (day) _____ (month) _____ (year) _____

PERIOD FOR WHICH EVALUATION WAS RENDERED: (month) _____ (year) _____ to (month) _____ (year) _____

PERFORMANCE RATING: _____

COMMENTS: _____

SECTION VII - Previous Performance Evaluation

PERIOD FOR WHICH EVALUATION WAS RENDERED: (month) _____ (year) _____ to (month) _____ (year) _____

PERFORMANCE RATING: _____

COMMENTS: _____

SECTION VIII - Specific Achievements/Recognition received by the Nominee during the past two years.

ACHIEVEMENTS: _____

RECOGNITION: _____

AWARDS: _____

SECTION IX - Intended utilization of tuition assistance provided by the I H S S F.

EDUCATIONAL INSTITUTION: _____
(name)

EDUCATIONAL INSTITUTION ADDRESS: _____
(Nr. / Street)

SECTION X - Program / Course of Study.

FIELD(S) OF STUDY _____
(major study) (second major / minor study)

DEGREE(S) TYPE / OBJECTIVE: _____

DATE OF ENROLLMENT: _____ / _____ / _____ DATE OF COMPLETION: _____ / _____ / _____
(month) (year) (month) (year)

COURSE TITLE(S) _____

ANTICIPATED DATE OF GRADUATION: _____ / _____ / _____
(day) (month) (year)

ENROLLMENT STATUS: FULL TIME: _____ PART TIME: _____ OTHER: _____
(specify)

SECTION XI - Applicant's anticipated direct educational expenses.

1st SEMESTER:

TUITION: _____
HOUSING EXPENSE: _____
ANCILLARY COSTS: _____
(includes texts, labs, fees, etc.)

TOTAL EXPENSE: _____

2nd SEMESTER:

TUITION: _____
HOUSING EXPENSE: _____
ANCILLARY COSTS: _____
(includes texts, labs, fees, etc.)

TOTAL EXPENSE: _____

TOTAL ACADEMIC YEAR EXPENSES ANTICIPATED BY APPLICANT: _____

SECTION XII - Anticipated reimbursement(s) of educational expenses from other (non IHSSF) sources

1st SEMESTER:

SCHOLARSHIP: _____
GRANTS: _____
TUITION _____
REIMBURSEMENT: _____

TOTAL REIMBURSEMENT: _____

2nd SEMESTER

SCHOLARSHIP: _____
GRANTS: _____
TUITION _____
REIMBURSEMENT: _____

TOTAL REIMBURSEMENT: _____

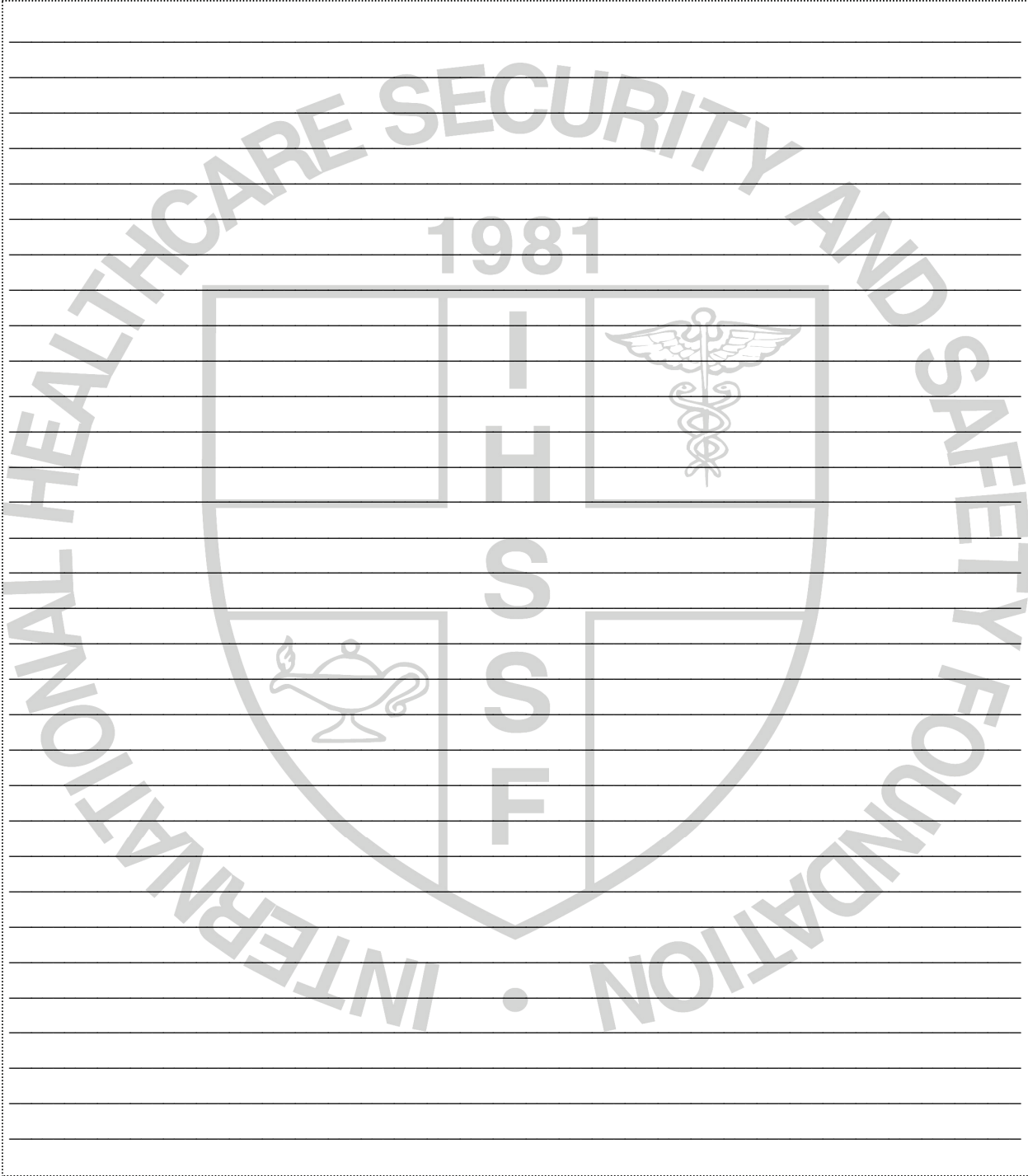
TOTAL ACADEMIC YEAR REIMBURSEMENTS ANTICIPATED BY APPLICANT: _____

SECTION XIII - Has Applicant been recipient of prior IHSSF Tuition Assistance: Yes: _____ No: _____

SIGNATURE of APPLICANT _____ DATE: _____

APPLICANT's STATEMENT OF GOALS and OBJECTIVES IN SEEKING IHSSF TUITION ASSISTANCE

The Applicant is expected to provide, in the space below, a *comprehensive , clear and concise* statement of goals and objectives to be obtained in pursuing the program/course of study for which IHSSF tuition reimbursement is being sought. The statement should define the manner in which the Applicants goals and objectives support the purpose and aims as set forth in the By Laws of the International Healthcare Security and Safety Foundation.



A large, faint watermark of the International Healthcare Security and Safety Foundation (IHSSF) logo is centered on the page. The logo is circular with the text "INTERNATIONAL HEALTHCARE SECURITY AND SAFETY FOUNDATION" around the perimeter. Inside the circle, the year "1981" is at the top, and "IHSSF" is written vertically in the center. The logo also features a caduceus on the right and a lamp of knowledge on the left.

SIGNATURE of APPLICANT: _____ DATE: _____

VERIFICATION OF APPLICANT's EMPLOYMENT // EMPLOYER RECOMMENDATION of APPLICANT

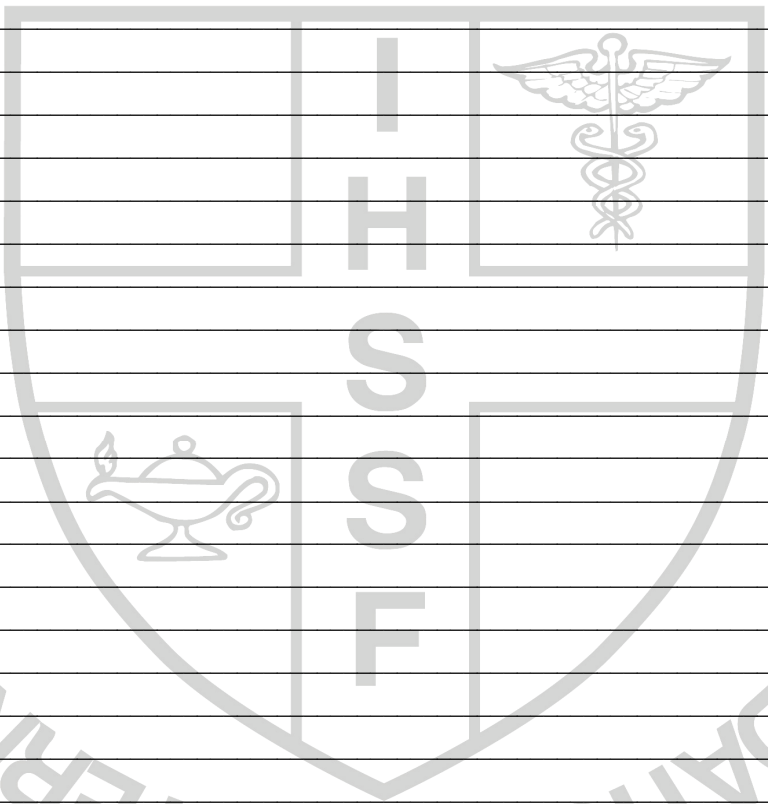
APPLICANT's NAME: _____
(first) (middle) (last)

POSITION TITLE: _____
(as reflected in Table of Organization)

INITIAL DATE of CURRENT EMPLOYMENT: _____ / _____ / _____ TO PRESENT
(day) (month) (year)

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

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INTERNATIONAL HEALTHCARE SECURITY AND SAFETY FOUNDATION

Signature of Attestor _____ Date _____ Telephone Number _____

RECOMMENDATION OF APPLICANT BY IAHS CHAPTER CHAIR / REGIONAL CHAIR / COLLEAGUE

APPLICANT's NAME: _____
(first) (middle) (last)

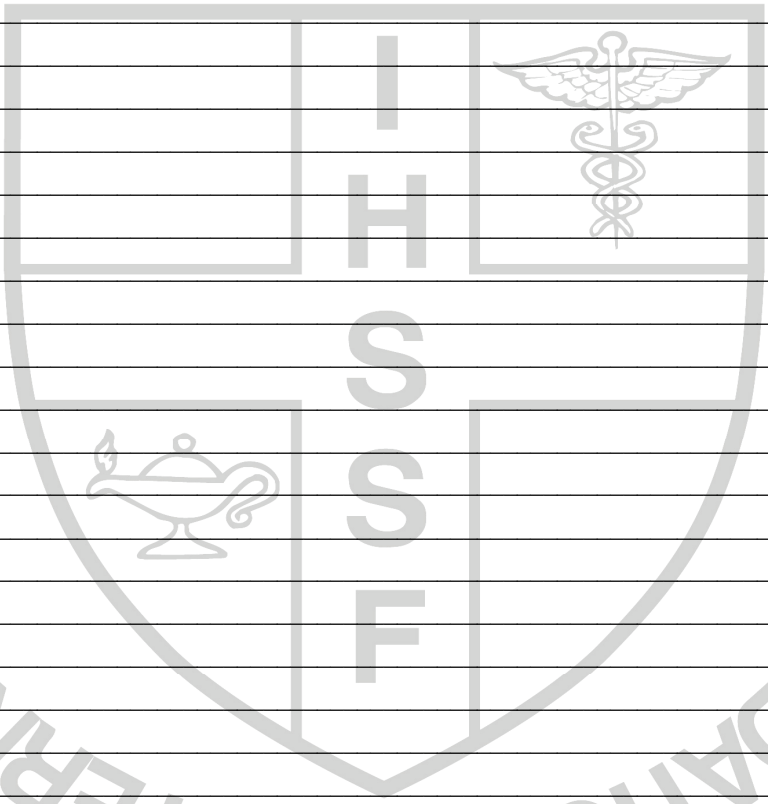
MANNER OF ASSOCIATION: _____
(Chapter / Region / Work) (Monthly / Quarterly) (meeting / other)

LENGTH OF ASSOCIATION: _____ FREQUENCY OF ASSOCIATION: _____
(years / months) (daily / weekly / monthly)

EXTENT OF ASSOCIATION / COMMUNICATION _____
(in person) (telephone) (E-mail) (postal mail)

Colleagues and associates of the Applicant are requested to provide recommendations based upon extensive long term professional contacts which support this application for tuition assistance. Recommendations should provide insight into the manner in which the Applicant's career goals and objectives support the purposes and aims set forth in the By Laws of the International Healthcare Security and Safety Foundation

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ATTESTOR's NAME: _____
(first) (middle) (last)

Signature of Attestor _____ Date _____ Telephone Number _____