

# INTERNATIONAL ASSOCIATION FOR HEATLHCARE 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: HOME ADDRESS:	(First) (Nr. / Street)	(Middle) (City / Town)	(Last)
	(State / Province)	(Country)	(Postal Code)
	(Nr. / Street) ENT: (day) (month) (year) S: Permanent Temporary _		Part Time
SECTION II - Applicant's	s Employment Information		rait rinic
BUSINESS ADDRESS:	(Nr. / Street)	(City / Town)	
DIRECT SUPERVISOR: DIRECT SUPERVISOR:	(State / Province)	(Country) (Name)	(Postal Zone)
		(Position / Title and email)	

SECTION III - Nominee Duty Assignment - Please specify your current role in your job and job duties.
SECTION IV – Intended utilization of tuition assistance provided by IAHSS-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:

# APPLICANT'S STATEMENT OF GOALS and OBJECTIVES IN SEEKING IAHSS-F 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 mission of the International Healthcare Security and Safety Foundation.

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.

## (This Page Left Blank and to be Used by IAHSS-F)

Date Received_				
Circle One:	Approved	Denied		
Decision Date_				
Applicant Notif	ied of Decision	Date	-	
Signature of IA	HSS-F			
Notes below:				