Hill Top Heritage Foundation
Nursing Loan Repayment Program Application

Name: _____Telephone Number:_____

Address: _____

Number of Years Employed at Hill Top Home of Comfort: _____

Dates: _____ Job Title(s): _____

Please list the Name and Address of the Institution(s) That You Have Attended and the Amount Owed and Attach a Copy of Your Loan(s):

_____

_____

_____

Write a Short Paragraph on Why This Loan Repayment Program is Important to you:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

(Signature) (Date)

Deadline for submission will be posted. All applications (with other requested materials) should be submitted to the Director of Nursing at Hill Top Home of Comfort for review by the Nursing Scholarship Committee. Recipients will be notified and the results will be posted.

May 2010