Petersburg Medical Center Foundation

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 Petersburg, AK 99833 foundation@pmc-health.org

**Norma J. Tenfjord**

**EDUCATION SCHOLARSHIP/LOAN FUND**

**APPLICATION**

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| --- | --- |
| **Name:** | **Phone:** |
| **Mailing Address:** | **Employment Start Date:** |
| **Email:** | **Department and FTE:** |
| **Academic Program:** | **School Name:** |
| **Anticipated Completion Date:** | **Amount Requested:**⎕ **$1,000-5,000** ⎕**$5,001-$10,000** |
| **Cost of Program:** | **Cost Per Term/Semester:** |
| **Term:** ⎕Winter ⎕Spring ⎕Summer ⎕Fall | **Year:** |
| **High School Graduate:** ⎕ Yes ⎕No Year**Some College:**  ⎕ Yes ⎕No **Bachelor’s Degree:** ⎕ Yes ⎕No Year**Master’s Degree:** ⎕ Yes ⎕No Year | **Post Secondary Training:** |
| **Required Attachments:**⎕**Class/Program Requirements-standard online printout for your degree/program**⎕**Proof of Acceptance or enrollment from the college or program**⎕ **Three (3) sealed letters of recommendation one of which should come from a current supervisor.**⎕ **Essay (400 words or fewer) on what your educational plans are and how it will benefit PMC and the community.**⎕**Proof of quarter/semester grades (unofficial transcript) if applicable.** |
| **Manager’s Approval**

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| --- | --- |
| Name: | Title: |
| Email: | Phone: |

I attest the listed degree/program listed above is relevant to this employee’s continued employment, scope of work, or job performance.

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| Signature: |

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| By signing this form I fully approve the Foundation to issue funding to me. I certify that I do not have a written corrective action on file with my employer for the previous year period and I understand that my corrective action status is subject to verification by the Foundation. Under penalty of perjury, I state that the information provided herein is correct and that I have been accepted to the above degree/program.  |
| Employee Name: | Date: |