Petersburg Medical Center Foundation

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**Norma J. Tenfjord**

**EDUCATION SCHOLARSHIP/LOAN FUND**

**APPLICATION**

|  |  |  |
| --- | --- | --- |
| **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**   |  |  | | --- | --- | | 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.   |  | | --- | | Signature: | | | |
| 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: |