



# ACADEMIC LOAN APPLICATION

**(LOAN FOR JUNIORS/  
SENIORS IN 4+ YEAR PRO-  
GRAM; SOPHOMORES IN 2  
YEAR PROGRAM; OR 1  
YEAR PROGRAM)**

Name \_\_\_\_\_

(Last)

(First)

(Middle)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PO Box \_\_\_\_\_ Cell# \_\_\_\_\_ Birthdate \_\_\_\_\_

Email Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_

College/University Attending \_\_\_\_\_ Full-Time Student? Y N

Year in School (Fall Semester) \_\_\_\_\_ Expected Month and Year of Graduation \_\_\_\_\_

Anticipated Costs: Tuition \_\_\_\_\_ Fees \_\_\_\_\_ Books \_\_\_\_\_ Other \_\_\_\_\_ Total \_\_\_\_\_

Who contributes the major portion of your financial support? Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Occupation \_\_\_\_\_

Intended Healthcare Area of Employment \_\_\_\_\_

Have you ever been employed in healthcare related activities? If so, list employer, address, and briefly explain your duties:

\_\_\_\_\_  
\_\_\_\_\_

## **List 2 References (Not immediate family)**

<<Please have your references attach a letter of recommendation to this application>>

1. Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Occupation \_\_\_\_\_

2. Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Occupation \_\_\_\_\_

Have you, or will you have any other service obligations that will conflict with the service obligation incurred under this loan?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received monies from a Federal loan or grant? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are any of these loans in default? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

---

---

---

### **Guidelines for Academic Loan Application:**

***Please Submit the Following:***

1. Completed Application
2. Copy of College and/or High School Transcript
3. Resume
4. (2) Letters of Recommendation (Academic or Professional only)
5. 300 word minimum Essay — **Describe your personal, educational and career goals; Why you chose them and how you expect to achieve them. Describe your interest in healthcare and why you want to work in a rural healthcare system like WRHS/WHLC. Conclude your essay by explaining why you would be a good candidate for this academic loan.**

**I hereby certify that the answers given herein are true and correct. I authorize investigation of all statements contained in this application and agree to reference checks as may be deemed necessary to verify any and all information.**

**I understand that the purpose of this academic loan program is to provide employment with West River Health Services and within the West River Health Services service area. My intention is to practice my profession in the West River Health Services service area.**

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this application no later than November 1st to:**

Ted Uecker, Academic Loan Coordinator  
West River Health Services Foundation  
1000 Highway 12  
Hettinger, ND 58639