DENVER HEALTH OFFICE OF EDUCATION

Denver Health Office of Education Sabin and Burman Scholarship Application
Submission Deadline: March 31, 2023

This scholarship is open to any full, part-time or intermittent Denver Health staff member.

Submit to your manager for submission to LaToya.Hammons@dhha.org			
Employee Name	Department	Mail Code	Best Contact Number
Employee's Home Address	City, State & Zip Code		
Job Title	Supervisor	Hire Date	FTE Status

Name of Institution	Name of program	How will funds be utilized: ☐ BSN		
Program Start Date	Program End Date	Cost of Program	Registration Fees	Cost of Books
Expected date of graduation				
Address where check & registration form need to be sent (please note that funds must be sent to the institution, which must be NLNAC accredited)				

☐ Essay addressing how your career goals align with the Mission and Strategic Framework of Denver Health. (500 word limit)

Please provide:

☐ Two letters of recommendation

☐ A letter from the school stating that you are actively accepted, or in good academic standing, in a nursing program.

☐ A recent transcript from your school.

☐ Documentation on any other funding that you are receiving for this course. FAFSA required

* Tuition reimbursement must not have been previously submitted to Employee Services for this course.

AUTHORIZATION FOR SCHOLARSHIP

I understand that if awarded a scholarship, I will be required to sign a Scholarship Repayment Agreement whereby I will agree to repay some, or all, of my scholarship award in the event I leave Denver Health within 24 months of completion of my degree for which this scholarship was awarded.

Do you understand the Scholarship Policy?

☐ Yes ☐ No. Are you now receiving any tuition assistance including loans, grants, or other sources? ☐ Yes ☐ No. If yes, which sources and how much have you received? Denver Health tuition reimbursement is not allowed on the amount submitted for this scholarship. I understand that the scholarship award will be paid directly to the sponsoring organization. I also understand that I may be responsible to repay funds if they are not used for the course that this scholarship will pay for.

$_____ Sources _____

Employee Signature	Date
Supervisor or Dept Manager **_Signature Required_** *(Confirms that the employee has had a current satisfactory performance appraisal with no corrective action in the last year.)*	Date

Denver Health Office of Education Scholarship Committee APPROVAL

Committee Approval	Date		**Committee to Complete**
			Scholarship Approved ☐ **Scholarship Not Approved**
Scholarship Amount	Approval Payment Signature		Date
$			
Reason Application Not Approved			

Confirmation that recipient is not receiving tuition assistance through Nursing Education & DH Tuition Reimbursement: _____