LUTHERAN SENIOR SERVICES

Request for LSS Educational Assistance

Employee Name:	Employee ID:
Commuity / Program:	Department:

I am wanting to further my education and am formally requesting financial assistance from LSS, through one of its educational assistance programs, to do so.

1. The name of the educational institution that I am enrolled in as a student is:

   _____

2. If pursuing a post-secondary degree (i.e. trade school, college or university), please state degree:

   _____ (If not pursuing a degree, leave blank.)

3. I am registered to take the following class(es):

Class Name	Begin Date	End Date	Cost of Tuition	Cost of Materials / Supplies (if applicable)
			$	$
			$	$
			$	$

4. The LSS educational assistance program through which I am applying for financial assistance is: (Only one may be selected)

❑ **Nursing Scholarship**

Supervisor signature:_____

Date:_____

Director of Nursing or Director of Health Services signature:_____

Date: _____

Care Center Administrator signature:_____

Date:_____

❑ **C.N.A. and C.M.T. Program**

Supervisor signature:_____

Date:_____

Director of Nursing or Director of Health Services signature:_____

Date: _____

❑ **Tuition Reimbursement**

Supervisor signature:_____

Date:_____

❑ **Piehl Educational Awards**

Supervisor signature:_____

Date:_____

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5. I hereby request LSS to pay this financial assistance directly to:
(Only check one)

❑ **Myself** ❑ **The school**

If requesting a check be mailed directly to the school, please provide who the check should be made payable to and where it should be mailed:

_____

6. I have attached documentation showing...

❑ **Enrollment in the educational class and / or program**

❑ **Cost of tuition that I am responsible for paying**

❑ **Costs of materials / supplies / fees / etc., if applying for either the CNA/CMT or Piehl Awards program**

7. By signing below, I acknowledge that I have read and fully understand the terms and conditions of the policy for the specific LSS educational assistance program for which I am applying. I agree to comply with all requirements in the applicable policies.

8. By signing below, I hereby authorize LSS, should I fail to comply with any requirements stated in policies, to deduct any financial amount received for this program from my remaining and future payroll check(s); and I agree to pay back any amounts remaining owed to LSS beyond separation of employment in accordance with the program's written policy.

Employee's signature: _____ Date: _____

HUMAN RESOURCES USE ONLY

To be completed by Human Resources at the employee's Community/Program:

HR provides the following info on the applying employee:

Actively employed: ❑ YES ❑ NO Date of Hire:_____

Current position:_____ Current status: ❑ FT ❑ WO ❑ PT ❑ PRN ❑ Casual

Currently in good standing, in accordance with that program's policy: ❑ YES ❑ NO

Number of worked hours in past 6 months (if applying for the Piehl program): _____

By marking "Approved" below, I am confirming that the Employee meets all criteria to be eligible for the LSS program they have applied for?

❑ Approved ❑ Denied Reason (if denied): _____

Human Resources signature:_____ Date:_____

Executive Director (or VP) signature:_____ Date: _____

HOME OFFICE USE ONLY

Signatures needed below, iff applying for the Nursing Scholarship Program:

Chief Nursing Officer: _____ Date: _____

VP of Human Resources: _____ Date: _____