

# SANFORD HEALTH MEDICAL CENTER — NURSING LOAN FORGIVENESS PROGRAM —

Sanford Health Medical Center located in Bismarck, ND, makes available a financial resource to assist students with the expenses associated with completion of their nursing degree. In return for the financial resource, the student has the opportunity to become employed as a Registered Nurse in a full time status at Sanford Health Medical Center (Bismarck Region) for a period of time as defined in this description.

## ELIGIBILITY

- Must be enrolled full time in a accredited College of Nursing (BSN / BAN)
- 3.0 cumulative grade point average or above is required
- Full-time enrollment must be continuous until graduation
- Must successfully graduate from a College of Nursing and pass the Nursing Certification Licensing Exam (NCLEX)

## PROGRAM DESCRIPTION

- Award of \$12,000
  - \$3000 paid to the student at the beginning of each semester with the remaining dollars paid out at the time of employment.
- Recipients are not eligible for any Sanford Health Hiring Bonus being offered at the time of employment.
- Recipients agree to work for Sanford Health Medical Center, Bismarck, ND as a Registered Nurse, for a period of 3 years in a full-time status, after successful graduation.
- Forgiveness will begin upon receipt of permanent Registered Nurse license
- Failure to comply with any of the requirements of this program will result in repayment of the loan with interest.

## FUNDING

Sanford Health provides this financial resource directly to the students selected through the application process. Any and all taxes associated with this financial resource become due at the time of forgiveness. So you will see the taxes being deducted in the tax year of your employment as an RN. This is in accordance with the Internal Revenue Services' guidelines.

## PROGRAM ADMINISTRATOR

Sanford Health Medical Center administers the student loan program. Any questions should be directed to the Nurse Recruiter at (877) 243-1372 or [HumanResourcesBismarck@SanfordHealth.org](mailto:HumanResourcesBismarck@SanfordHealth.org).

# SANFORD HEALTH MEDICAL CENTER

## NURSING LOAN APPLICATION

Name-First, Middle, Last \_\_\_\_\_

Social Security # (optional) \_\_\_\_\_

Current Address \_\_\_\_\_

Telephone # (Cell) \_\_\_\_\_

Permanent Address \_\_\_\_\_

Telephone # (Home) \_\_\_\_\_

Email \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Nursing Program/School you are attending \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

What is your Year and Semester (ie Junior- Fall) \_\_\_\_\_

Cumulative College GPA \_\_\_\_\_

### Please type the answers to the following on a separate sheet of paper:

1. Are you or have you ever been employed with a Sanford Health facility? If so, please provide the dates and location: Please provide any additional nursing related work experience.
2. Extracurricular Activities/Community Services within the last 2 years (may include any certifications, awards, internships, Student Nursing Association etc.):
3. State your future professional goals and what steps you plan to take to accomplish these goals (limit 150 words):
4. Explain why you want to be a Sanford Nurse?

***In order for us to properly process your application, it is necessary for you to provide the requested documents and return them to us by July 1, 2019:***

- ***Completed Application Form***
- ***Resume***
- ***Two letters of recommendation. A recent instructor must complete one of these letters.***
- ***Transcripts - Official or Unofficial transcripts are acceptable.***

***All necessary documentation must be received by the due date in order for your application to be considered.***

# APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of the award regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee an award. I further understand that, should an offer of an award be extended by Sanford Health that such award with Sanford Health is at will, for no specified duration and may be terminated by either Sanford Health or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Sanford Health or its representatives used during the employment process is deemed a contract of employment real or implied.

In consideration of an award with Sanford Health, if awarded, I agree to conform to the rules, regulations, policies and procedures of Sanford Health at all times and understand that such obedience is a condition of the award. I understand that if offered a position with Sanford Health Medical Center (Bismarck Region), I will be required to submit to a pre-employment health assessment, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Sanford Health and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

Sanford Health is an Equal Opportunity Employer and expressly prohibits any form of unlawful employee harassment based on race, color, religion, gender, sexual orientation, national origin, age, disability, or veteran status. If you have any questions or need further assistance, please contact Sanford Health Human Resources at (877) 243-1372.

**By signing the form, I acknowledge that I have read, understood and agree to the above statements.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: [HumanResourcesBismarck@SanfordHealth.org](mailto:HumanResourcesBismarck@SanfordHealth.org).

**All information must be received by July 1, 2019**

\*All information is held in strict confidence\*

# LOAN FORGIVENESS APPLICATION CHECKLIST

Completed application form

Completed narrative questions

Resume

2 Letters of Recommendation

- One from an employer or Health Care Leader
- One from academic advisor stating current status in the nursing program

Transcript – must be cumulative to include most current semester

- Cumulative GPA of 3.0 or greater is required
- Official or Unofficial transcripts are acceptable

Email application to [HumanResourcesBismarck@SanfordHealth.org](mailto:HumanResourcesBismarck@SanfordHealth.org).

- Subject line to include first and last name loan forgiveness application.  
Example: Jane Doe Loan Forgiveness Application
- Please make sure to submit all required documents in an attachment form and all in one email

Enclose this checklist with your completed application to verify that the application is complete.

**Applications are due July 1, 2019!**