



## **CERTIFIED NURSING ASSISTANT SCHOLARSHIP APPLICATION**

The Mission of Clatsop Care Health District is to provide a caring community that supports the individual health and holistic well-being of its members. Included among the objectives of the Health District are:

- To ensure that staff and volunteers have the necessary skills and training to maintain the standards of care;
- To ensure that resources are available to meet the goals and objectives of the Health District.

One of the many ways we can achieve the mission and objectives of the Health District is to promote education of qualified persons who seek to achieve certification as a licensed nursing assistant. For that purpose, we have established a loan program that provides funds for class fees to approved candidates.

### ***Loan Criteria***

In exchange for this scholarship, recipients must agree to work for the Health District no less than 24-hours per week for a minimum of one-year. Candidates must be able to pass a criminal background check, and must be eligible, meet criteria, and be accepted into the Certified Nursing Assistant Class at Clatsop Community College. Preference will be given to applicants that have worked in a long-term care unit, in-home care, an assisted living facility or its equivalent for at least three-months. Employment will begin immediately following the completion of the course.

Expenses covered by the loan program include course tuition and fees, textbooks, criminal background checks, Oregon State Board of Nursing application and testing fees. Scholarship loan recipients will be responsible for purchasing the required scrub top and pants uniform.

### ***To Apply***

Each successful candidate must complete and submit the following:

- Completed and signed employment application
- Completed applicant questionnaire
- Signed agreement to repay funds
- At least one letter of recommendation from an un-related person

All applications will be reviewed by the Chief Executive Officer (CEO) and/or Director of Nursing (DNS). An interview may be required. References may also be checked. If the applicant is a current Health District employee, their supervisor's approval will be required before submitting the application.

Candidates that are selected for the scholarship will be contacted by a letter or phone call. Clatsop Community College will also be notified, and recipients will be instructed how to proceed with the course. After the recipients are enrolled in the course and have passed the college's mandated criminal background check, the college will be notified that they can proceed to invoice the Health District for the expense. Upon receipt of this invoice, the Health District will pay the tuition and fees.

As the course nears completion, the DNS will contact each loan recipient to schedule new employee orientation and training.



***Failure to Adhere to Loan Agreement***

Scholarship recipients will be required to reimburse the Health District for the full cost of the loan if:  
the recipient terminates employment prior to 12-months of employment; or  
the recipient is terminated with cause from employment prior to 12-months employment; or  
the recipient fails to complete the course successfully; or  
the recipient does not attain their license.

The Health District has the right to deduct the cost from the recipient's paycheck or send to collections.



## **AGREEMENT TO REPAY FUNDS**

I acknowledge and attest that upon an offer of employment, I agree to work for Clatsop Care Health District a minimum of 30-hours per week for a minimum of 12-months upon eligibility to work as a nursing assistant. 30-hours per week are dependent upon departmental need and census, and should not be construed as being a guarantee of full-time employment.

I understand that failing to pass the class, attain certification, or not fulfilling my employment obligation for any reason, requires that the scholarship funds be repaid.

I further understand that this agreement does not guarantee employment with Clatsop Care Health District, but acknowledges that I am eligible for employment.

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## APPLICATION FOR EMPLOYMENT

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, national origin, sex, religion, retaliation, association with protected class, prohibition on genetic screening and brain-wave testing, age, marital or veteran status, physical or mental disability, or any other legally protected status.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

All persons hired will be required to submit and pass with approval a criminal background check.

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Email: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Preferred Pay Range: \_\_\_\_\_

If you are under 18-years-old, can you provide required proof of your eligibility to work?  Yes  No  N/A

Have you ever filed an application or been employed with us before?  Yes (Date: \_\_\_/\_\_\_/\_\_\_)  No

Are you currently employed?  Yes  No      May we contact your current employer?  Yes  No

What date would you be able to begin work? \_\_\_/\_\_\_/\_\_\_

Are you seeking full-time or part-time employment?  Full-time  Part-time  Either

Do you have any restrictions on days or hours that you are unable to work?  Yes  No

If yes, what are they? \_\_\_\_\_

Are you physically or otherwise able to perform the job duties for the position you are applying?  Yes  No

Can you travel if a job requires it?  Yes  No

### EDUCATION

	School Name	City/St	Years Completed	Major/Degree
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Trade/Other:	_____	_____	_____	_____



### PROFESSIONAL REFERENCES

Please list 3 professional references (no relatives or friends), contact information, your relationship to the individual, and the length of time you've known one another.

Full Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Relationship: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Relationship: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Relationship: \_\_\_\_\_ Length of time known: \_\_\_\_\_

### EMPLOYMENT EXPERIENCE

Please start with your most recent employer.

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Start Date:     /     /     Salary: \_\_\_\_\_ End Date:     /     /     End Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Start Date:     /     /     Salary: \_\_\_\_\_ End Date:     /     /     End Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Start Date:     /     /     Salary: \_\_\_\_\_ End Date:     /     /     End Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_



## **APPLICANTS STATEMENT**

I certify that all answers given on this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an, "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without cause. It is further understood that this, "at will," employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date



## CNA SCHOLARSHIP QUESTIONNAIRE

Complete the following questionnaire to the best of your ability. Don't be afraid to go into detail, and use a separate sheet of paper if necessary. There are no right or wrong answers!

Why do you want to be a Certified Nursing Assistant?

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What are your career goals?

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Do you have any experience working, volunteering, or visiting a nursing home?

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How would you describe the typical resident of a nursing home?

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What do you think would be most enjoyable and fulfilling about working in elderly care?

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What do you think might be most challenging about working with the elderly? Particularly those who are frail or confused?

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What do you think are the most important personality or character traits a Certified Nursing Assistant should possess?

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What do you think are some of the most important job responsibilities a Certified Nursing Assistant has?

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Why should we select you for a scholarship?

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