

# **FAST TRACK PACKET-FALL 2025**

## **SJRMCAUXILIARY EDUCATIONAL ASSISTANCE FUND-PURPOSE**

The primary purpose of the SJRMCAuxiliary Educational Fund is to financially assist qualified SJRMCA employees and potential employees to enter into or upgrade their medical field specialization. **The underlying goal is to retain recipients as long term employees at SJRMCA after graduation.** We assist through Master's Degree Programs and do not assist with either PhD Programs or MD Programs. Managers or higher positions at SJRMCA are not eligible for this funding.

Know that all programs will be verified at <http://ope.ed.gov/accreditation>. All programs must be recognized by the US Department of Education.

## **IMPORTANT INFORMATION FOR APPLICANTS-please read carefully**

**Please initial each box that you understand requirements, and return with complete packet.**

- ☐ **The Auxiliary will notify all applicants whether or not they have been awarded educational funds.**
- ☐ The Auxiliary Educational Assistance Fund is capped at **\$1,000.00** per recipient, per semester. The amount disbursed will depend on **actual expenses relating to the applicant's course of study**. Funds are to be used for books, tuition, testing fees and stethoscope fees only. These monies are specifically for the **FALL 2025** semester. Funds must be accessed by **the last day of the semester** or forfeiture will occur.
- ☐ If one is awarded education funds, they must be repaid as outlined in the Educational Expense agreement, unless the obligation of **one year of employment is met following the completion of the program**. See the agreement for detailed information (upon request).
- ☐ **Grade reports** must be provided at the end of the semester. **A copy of the certificate or diploma is required at the end of applicant's program**. If grades fall below a 3.0 cumulative GPA, student can reapply after one semester through the Traditional Application process with proof of improved GPA.
- ☐ **Original receipts** must be provided for reimbursement once applicant is approved. All documents must include student name, name of institution, date and clear itemized information. Proof of payment will be required if check is issued directly to the student. An invoice for payment may be submitted for payment to be made directly to the educational institution.
- ☐ If the applicant fails a course, the Auxiliary will NOT pay for the course to be retaken.
- ☐ Employee must be in **GOOD STANDING\*** per Human Resources and their immediate Manager, in order for the committee to consider the application.
- ☐ Once approval is made, funds must be accessed by the end of approved semester, or forfeiture will occur. If unable to immediately access funds, a letter of explanation may be written to the Chairperson of the Educational Assistance Fund for consideration of extension.

## **INSTRUCTIONS FOR FAST TRACK APPLICANT (Already Received funds from Auxiliary last Semester):**

- ☐ 1) Complete the attached Fast Track application.
- ☐ 2) Complete the attached certification of application to an accredited program **ONLY** IF YOU HAVE CHANGED YOUR COURSE OF STUDY, OR THE COLLEGE.
- ☐ 3) Provide copy of grades from the previous semester. Must be able to maintain a 3.0 cumulative GPA.
- ☐ 4) Provide a schedule of the classes to be taken for the Educational Assistance Semester. A tentative schedule is allowed, as long as an official schedule is provided before money is paid out.

Note: COMPLETED application packet is due to **Volunteer Services no later than July 25, 2025 at 5pm.** **Packets may be turned in at the Information Desk near the main entrance of SJRMCA.**

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**\*In order to be in GOOD STANDING**, an employee must not have had a written counseling in the last 12 months.

## **FAST TRACK FORM-FALL 2025 Semester**

**FOR USE BY ANYONE REAPPLYING WITHIN ONE SEMESTER OF RECEIVING FUNDS  
FROM The SJRMC AUXILIARY...**ALL FIELDS MUST BE COMPLETED.**  
**PLEASE PRINT NEATLY!****

Name \_\_\_\_\_

Former or maiden name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Personal Email Address** \_\_\_\_\_

**Work Email Address** \_\_\_\_\_

Length of present employment \_\_\_\_\_ Where are you presently employed? \_\_\_\_\_

If at SJRMC, what department? \_\_\_\_\_ Managers Name \_\_\_\_\_

Present position \_\_\_\_\_

Name of College and location \_\_\_\_\_

Current Field of Study: \_\_\_\_\_

**Anticipated Graduation/Completion date for your program?** \_\_\_\_\_

What position do you anticipate applying for at SJRMC (once you complete your program)? \_\_\_\_\_

**Has the Auxiliary funded any other degree for you? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, please list degree and when completed.** \_\_\_\_\_

Is this the same college **and program** you were enrolled in last semester? \_\_\_\_\_

If no, please outline reasons for change and list all specific changes.

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

**List specific courses you will be enrolling in for the upcoming **FALL 2025** Semester**

\_\_\_\_\_

Please list any other scholarships/funds that you have been awarded or that you have applied for.

AGENCY

AMOUNT

1) \_\_\_\_\_

2) \_\_\_\_\_

**I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE  
AND THAT THE INFORMATION ON MY PREVIOUS APPLICATION IS STILL CURRENT.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_





Please complete this form **ONLY** if you have either changed your course of study or the college that you are taking classes from.

Please note: Educational Assistance from the SJRMC Auxiliary will only be extended to students who are enrolled in Colleges/Schools and or Programs approved by the US Department of Education.

Also acceptable is a letter of acceptance from the program/institution that you have applied to.

THIS IS TO CERTIFY THAT \_\_\_\_\_

HAS MADE APPLICATION AT \_\_\_\_\_ COLLEGE AND

**HAS BEEN ACCEPTED** TO ATTEND THE FOLLOWING PROGRAM:

\_\_\_\_\_

EFFECTIVE \_\_\_\_\_ (DATE).

NAME/ADDRESS OF COLLEGE/SCHOOL OR PROGRAM

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

SIGNATURE OF COLLEGE/SCHOOL OR PROGRAM REPRESENTATIVE: \_\_\_\_\_

PRINTED NAME

DATE

TITLE

CONTACT PHONE NUMBER

Revised 04/2016, 10/06/2016, 10/31/2017, 10/18/2018, 10/21/19, 11/5/2020, 6/2/2021, 10/19/2021