

TRADITIONAL PACKET – FIRST TIME APPLICANT
SJRMCAUXILIARY EDUCATIONAL FUND
FALL 2025



PURPOSE

The primary purpose of the SJRMC Auxiliary Educational Fund is to financially assist qualified SJRMC 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 SJRMC 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 SJRMC 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 beside each box that you understand the 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 current 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 applicants program. If Cumulative GPA falls below a 3.0, student can reapply after one semester through the Traditional Application process with proof of improved GPA.
- ☐ **Original receipts** must also 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 applicants fail 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, for the committee to review packet for approval.
- ☐ Once approval is made, funds must be accessed by the last day of the 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 APPLICANT:

Complete the attached application.

- ☐ 1) Complete a 300-500 word personal statement (no more than one page) including your educational and career goals. In the case of non-employees, reason for entering a medical field, or course of study.
- ☐ 2) Complete the attached "Certification of Application to an Accredited Program" and have it signed by an authorized representative.
- ☐ 3) Obtain **two letters** of recommendation in sealed envelopes, but attached to the application. Recommendations should include:
 - a. A **character reference** from another adult who is not a family member.
 - b. A letter of recommendation from **your immediate supervisor or a current co-worker.** (These letters should remain unopened by the applicant).
- ☐ 4) Provide transcripts from last high school or college attended. Must be able to prove that applicant has a 3.0 cumulative GPA.
- ☐ 5) 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 **Friday July 25, 2025 at 5pm.** Packets may be turned in to the Information Desk near the main entrance of SJRMC.

Print Name: _____ **Date:** _____

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

SJPMC AUXILIARY EDUCATIONAL ASSISTANCE FUND FALL 2025 Semester
APPLICATION FORM *Please Print Neatly, all fields must be filled out*

Name _____ Birth date _____
Former or maiden name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Personal Email Address _____
Work Email Address _____
Social Security Number _____ Length of present employment _____
Where are you presently employed? _____
If at SJPMC, what department? _____ Manager _____
Present position _____
Length of time in San Juan County _____ Probability of remaining in San Juan County _____

Where and when did you graduate from High School? _____
College Name _____ College Location _____

What is your current Course of Study? _____
Anticipated graduation/completion date of your program? _____
What Position do you anticipate applying for at SJPMC (once you complete your program)? _____

Has the Auxiliary funded any other degrees for you? Yes _____ **No** _____
If yes, please list degree and when completed. _____
List courses enrolled in for the **FALL 2025 Semester** (Proof of Registration will be needed) _____

Cumulative GPA from last school attended: _____ Last School Attended: _____

PAST EMPLOYMENT: List three previous employers (use back if necessary)

POSITION	INSTITUTION	DUTIES	LENGTH OF EMPLOYMENT
1)			
2)			
3)			

List two personal references (not related to you, who are not the same as letters of recommendation):

Name	Address	Phone
1)		
2)		

Please list **any** other scholarship/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.

Signature: _____ **Date:** _____

CERTIFICATION OF APPLICATION TO AN ACCREDITED PROGRAM

Please note: Educational Assistance from the SJRMC Auxiliary will only be extended to students who are enrolled in Colleges/Schools 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 REPRESENTATIVE:

PRINTED NAME

DATE

TITLE

CONTACT PHONE NUMBER (REQUIRED)

This form must be completed to demonstrate that you are officially enrolled in a course of study.