

Rotary Club of Salisbury CT

Salisbury Rotary Club Foundation
P O Box 287
Salisbury, CT 06068

Salisbury Rotary
Back To School For Better Health Award Application

Dear Applicant,

The *Back To School For Better Health Awards* were founded in 2003 to assist men and women from the NW Corner to continue to improve their health care industry skills. This can assist you in changing jobs within this industry and/or introduce you to positions you might well train for and achieve. Increasing your knowledge and skills may offer you an opportunity to better your own earning power and improve your family's lives, as well as to raise the level of health care offered here in our area. Our goal is to introduce you to potential positions in this growing field or to help you advance your current career within this field.

It is our hope that, should you be selected to receive a Back To School For Better Health Award, at the conclusion of your course of study, you will return to the communities we serve to continue your working and daily adult lives.

These applications are in no way time sensitive. You may decide to explore opportunities in the health care industry at any time of the year. In advance of filling out the attached application, please explore the requirements of the position you seek. You will want to know the availability of professional classes in your specialty, as well as other sources of funding available before approaching the Salisbury Rotary Club Foundation.

Complete and mail the application to:

Salisbury Rotary Club Foundation
Back To School For Better Health Awards
P O Box 278
Salisbury, CT 06068

And good luck!

**Salisbury Rotary
Back To School For Better Health Award
Application**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Age: _____ Marital Status: _____ Parent/Care Giver? Y or N # of Dependents _____

Current Position: _____

Current Annual Salary \$ _____ Total Annual Family Income \$ _____

Education Completed: _____

Degree Desired: _____

Reasons for seeking a degree at this time: _____

Pre-requisite required semesters: _____ Semesters completed: _____

Length of Degree Program: _____ years _____ semesters

How would certification / degree materially alter your life? _____

Will be you be attending your program Full Time ____ or Part Time ____?

Will you be able to continue in your current job while continuing your education? Y or N

Schools Applied to: _____

Have you applied for other financial aid for this purpose? Y or N Where?

Other financial aid granted? _____

Assistance requested outside of tuition (daycare, insurance, travel, books)

Child Care: _____

Transportation: _____

Insurance: _____

Books Supplies: _____

Tuition: _____

Other (specify): _____

Total Amount of Funds Needed: \$ _____

Service Above Self



Rotary Club of Salisbury CT

Applicant name: _____

Date: _____

Signature: _____

Chartered January 25, 1949

Canaan

Cornwall

Falls Village

Lakeville

Salisbury

Sharon