



802 2<sup>nd</sup> St NW Bowman, ND

(701) 523-5142

### Loan Repayment Application

*Eligible applicants must have been employed a minimum of one year at Southwest Healthcare Services in Bowman.*

*Full time status preferred but part time may be considered. If an employee has been awarded a loan repayment scholarship for five years, they will not be eligible after the five year mark. Only applicants who are currently using their degree towards their healthcare career will be considered for the loan repayment program.*

#### Applicant Information

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Current Mailing Address:

\_\_\_\_\_

Current Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Current Job Position at SWHS:

\_\_\_\_\_

#### Education

Name of professional degree program or field of study:

\_\_\_\_\_

Name and address of college or university you graduated from:

\_\_\_\_\_

\_\_\_\_\_

Month & Year education was completed: \_\_\_\_\_

Have you received monies from a Federal Loan or Grant: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are any of these loans in default? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Name and address of financial institution where you currently have an outstanding loan balance:

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

Current Loan Balance: \$ \_\_\_\_\_ (Please attach copy of recent statement)

### Attachments

Please attach the following:

1. A short essay (no more than 450 words) that includes the following information:
  - Work experience
  - Current volunteer service (if any)
  - Extracurricular activities
  - Special honors and awards
  - Future goals & career plans
  - Your dedication to the quality of healthcare provided through SWHS
2. A copy of most recent loan statement(s)
3. Two letters of recommendation (excluding relatives); Include their professional relation to you
4. In the event that you are awarded a scholarship, we will ask for a photo that will be used with an announcement story.

*Professional nurses must first apply for the Nursing Loan Repayment Program before they can submit an application for The Sunrise Foundation Loan Repayment for Healthcare Professionals. (See HR for more information about the Nursing Loan Repayment Program).*

*Applicant must not have any past or current disciplinary actions on file with human resources.*

*Applicant must be current with all employment obligations such as:*

- *Mandatory Education*
- *CPR Certification*
- *Licensure Certification (if required)*

When completed please mail or email the application and attachments to:

**Mail:**  
**The Sunrise Foundation, Inc.**  
**Attn: Mariah Botha, Foundation Director**  
**802 2<sup>nd</sup> St. NW**  
**Bowman, North Dakota 58623**

**Email:**  
**[Sunrise@swhealthcare.net](mailto:Sunrise@swhealthcare.net); Subject: (Name) Loan Repayment Application**

**Deadline:** May 10th, 2024

**Disclaimer and Signature**

*I hereby certify that the answers given herein are true and correct. I authorize investigation of all statements contained in this application and agree to reference checks as may be deemed necessary to verify any and all information.*

*Your application will not be completed until all components are received into our office. Please ensure your application form includes your essay, most recent loan statement(s), and two letters of recommendation. In the event that you are awarded a scholarship, the payment will be made directly to the lender to be applied to the principal. The employee is then obligated to complete 1 year of continuous employment, as stated in written agreement.*

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