**Tuition Assistance Form**

This scholarship reduces the cost of the class to $610.00 (not including the cost of the required scrub set and gait belt). Please include your name, e-mail address, and phone number. Fill out this form and send it to our e-mail: [info@caringheartcna.com](mailto:info@caringheartcna.com) or drop it off at our building located at: 4375 E. Holland Rd Suite 3, Saginaw, MI 48601.

Name:

E-mail Address:

Phone Number:

1. Tell us a brief story about your life and current situation.
2. Why are you choosing to enter the healthcare field?
3. What are your future career goals?
4. How would you benefit from receiving this scholarship?
5. Please provide the top 2 class dates that would work best for you if chosen for this scholarship.