

*There is a separate application for CNA and Monitor Tech applicants.



Application for HealthTraxx Education Assistance

Last Name	First Name	Middle Name	Mailing Address	
				Please indicate the type of education assistance you are requesting
Cell Phone		Email Address		<input type="checkbox"/> Tuition Reimbursement Plan

Which Healthcare Educational Program Do You Intend to Complete?

<input type="checkbox"/> Professional Diploma Nursing at Covenant School of Nursing	<input type="checkbox"/> School of Nursing BSN Program at TTUHSC
<input type="checkbox"/> Advanced Credit Nursing at Covenant School of Nursing	<input type="checkbox"/> Advanced Credit Program – Vocational Nurses to RN at TTUHSC
<input type="checkbox"/> Associate Degree Nursing at South Plains College	<input type="checkbox"/> Nursing BSN Program at West Texas A&M
<input type="checkbox"/> Associate Degree Nursing Advanced Credit Program at South Plains College	<input type="checkbox"/> Advanced Credit Program – Vocational Nurses to RN at West Texas A&M
<input type="checkbox"/> Associate Degree Respiratory Program at South Plains College	<input type="checkbox"/> BS in Respiratory Care (BSRC) Program at Midwestern State University
<input type="checkbox"/> Associate Degree Nursing Program at Amarillo College	<input type="checkbox"/> Associate Degree Respiratory Program at Eastern New Mexico State University
<input type="checkbox"/> Associate Degree Nursing Advanced Credit Program at Amarillo College	<input type="checkbox"/> BS in Nursing Program at Eastern New Mexico State University
<input type="checkbox"/> Associate Degree Respiratory Program at Amarillo College	<input type="checkbox"/> Associate Degree Nursing Program at New Mexico Junior College

What is your start date and anticipated graduation date for the education program?
(You must have been admitted to a program to qualify for HealthTraxx Education Assistance)

Starting Date	Graduation Date

What were the results of your application for Federal Student Aid?
(Work/School Plan and Tuition Reimbursement Program applicants should apply for Federal Student Aid such as Pell Grants and Stafford Loans and local assistance before applying for HealthTraxx).

Name of Grant/Loan/Scholarship	Amount	Date to Receive
1.		
2.		
3.		

Items to attach to this application:

- Letter or document showing that you have been admitted to the education program you selected above.
- One page statement explaining the reasons you believe you should be provided the education assistance funds for which you are applying.
- Recommendation from current supervisor (if employed)
- Transcript of grades from most recent year of school
- 3 Letters of Recommendation

If you are currently employed, please complete this section.

Name of Employer	Employment Date	Department/Unit	
Current Status: Part Time, Full Time, on Call	Current Base Rate of Pay	Current scheduled hours per week	Future scheduled hours per week while school is in session
Name of Immediate Supervisor		Your Position Job Title	

Name, Mailing address and phone number of someone who will always be able to contact you in case of emergency.

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I certify that the information contained in this application is true and correct to the best of my knowledge. I also certify that I have no felony convictions that would make me ineligible to take licensure/certification examinations after I graduate from the healthcare education program to which I have been admitted. I further understand that if accepted as a participant in the HealthTraxx Education Assistance program, I must sign an agreement to work at Covenant Health after graduation, and I know that all employees of Covenant Health must pass pre-employment and random drug screening tests. I understand that this application may not be processed if it is not complete and submitted with all the required information.

Signature of Applicant	Date of Application

Revised 06/2021

Return completed application to the Human Resources Office at 3719 22nd St- Lubbock, Texas 79410 – Attention: Jericka Parker or scan and email to CovenantHealthTraxx@providence.org.
*For any further information, you may call or text Jericka Parker @ (806) 999-2553.