

Stine Healthcare Education Loan Fund



PURPOSE

The Valley County Hospital Foundation Stine Healthcare Education Loan Fund provides loans to students pursuing medical degrees as physicians, physician assistants, physical therapists, respiratory therapists, registered nurses, licensed practical nurses, and other related health care professions.

ELIGIBILITY

This loan is open to any resident of Nebraska who has completed high school (or is scheduled to graduate) or earned a GED and will attend a college or university in Nebraska to earn a degree in a medical field. Qualified applicants are eligible to reapply annually for funds.

SELECTION

Recipients are chosen by the Foundation Board based upon needs in the Valley County Hospital service area, the financial need of the applicant and the likelihood that the applicant will be successful in completing his/her degree.

CONDITIONS

Loan amounts range from \$1,000 to \$4,000 per year depending on the course of study selected by recipients.

Recipients who agree to work full time at VCHS for at least two years after graduation and completion of licensure/registry requirements will receive the loan interest free. Loan interest will also be forgiven if the recipient is self-employed in the medical field in the VCHS service area.

Those who do not work in the healthcare field in the VCHS service area must repay the loan at the interest rate reported in the Wall Street Journal for comparable prime loans plus 2 percent. Repayment of the loan will commence within six months of graduation of the borrower. Payments must be made each month. A promissory note containing the terms of repayment must be signed.

Loan Amount

Less than \$5,000
\$5,001-\$10,000
\$10,001-\$15,000
\$15,001 or more

Loan Term

Two years
Three years
Four years
Five years

Payment periods can be adjusted if the Foundation Board deems it is appropriate.

CONDITIONS

For more information, please contact Rhe'Ann McBride, Executive Director, at 308-728-3011 or foundation@valleycountyhealthsystem.org, or visit our website at www.valleycountyhealthfund.org.

STINE HEALTHCARE EDUCATION LOAN FUND APPLICATION

Please print or type.

Applicant Information

Name: _____

Address: _____

City, State, Zip: _____ Telephone: _____

E-mail (optional): _____ SSN: _____

Education

Secondary school: _____ Year of graduation: _____

Degree you are pursuing: _____ Institution: _____

Will you maintain full-time status (12 credit hours)? Yes No

Date you will start: _____ Anticipated graduation date: _____

Financial aid you will be receiving (scholarships, work study, grants, bank loans):

Other postsecondary institutions you have attended: _____

Employment History

Include position held, employer's name and dates of employment.

Organizations & Community Activities

Supporting Documents

You must include the following with your application:

- **Education Enrollment Verification**

Showing you have been accepted into a college/university or healthcare program.

- **Two Letters of Recommendation**

From employers, faculty members or other professional contacts who are knowledgeable about your character.

- **Official Transcripts**

From all schools you have attended.

- **Statement of Professional Goals and Financial Need**

Explaining why you are choosing a career in healthcare. Include a paragraph about your financial needs.

Submit Application To:

Valley County Health System Foundation Board

PO Box 321

207 S. 26th Street

Ord, NE 68862