



Athena Nursing Clinical Partnership Grant

Applicant Information:

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Social Security Number: _____

Employer: _____ Supervisor Name: _____ Phone # _____

Athena Nursing Clinical Partnership Grant Information:

Eligibility requirements for award:

1. Recipient must meet all admission requirements as set forth in the student handbook.
2. Recipient must be enrolled with Athena Career Academy prior to application.
3. Recipient must meet the standards of academic progress as outlined in the student handbook.
4. Recipient must be an active employee of said clinical site (employment verification required for each award cycle) and said clinical site must be under contract with Athena Career Academy.
5. The Grant is for enrollments (new students to the program) July 1, 2018 and after, the Grant will not be retroactively applied for existing students or students enrolled prior to July 1, 2018.

How the Grant/Scholarship will be awarded (tuition credit, cash, book credit, etc.):

The grant will be awarded as tuition credit, divided equally across the school's standard three (3) billing cycles. The Grant is not retroactive.

Additional Information:

The Athena Nursing Clinical Partnership Grant is renewable, as long as the recipient remains compliant with all the policies outlined in the student handbook, and the recipient remains an active employee of said clinical site (verification required for each award – each billing cycle), then the Grant will continue through each billing cycle.

The Athena Nursing Clinical Partnership Grant of \$1,200.00 is completely funded by the school.

For Office use, only:

Approved _____ Approval Date ___/___/___ Approved by _____

