

Education Funding Request

Who will offer the education/training? (check one) The Employer An Educational Institution

Name of Educational Institution: _____

Name of Department/Program (if applicable): _____

Course Number and Name (Please attach course descriptions to this application)	Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Cost (\$)*
Total Tuition Requested:			
Total Application Fee(s) (if applicable):			
Total Student Activity Fee(s) (if applicable):			
Total Other Fee(s) (if applicable, please specify):			
Total Education Cost:			
Total Wage Funding Requested (if applicable): (Duration of Education Period in weeks) x (Hourly Rate) x (FTE x 36)			
Total Cost (Total Education Cost + Total Wage Funding Requested):			

*For health employers applying on behalf of more than one nurse, please detail tuition, wage and other costs for each nurse on a separate, attached sheet and write sum totals beside each cost type above.

Funding Justification

**Applicants must answer the following questions on the next page:
If displaced-**

- 1) Please describe the history of the displacement process for the nurse(s) named in this application. Please include information about when the displacement letter(s) was dated, the effective date of the displacement(s), and any actions taken subsequent to receiving the displacement letter.
- 2) What positions will be available at the end of the nurse(s) training?
- 3) How will completing the proposed course(s) support the nurse(s) application to those position(s)?
- 4) How will the proposed course(s) minimize job loss?

Additional Documents Required

Individual employee applicants must attach:

- copy of your displacement letter (if applicable)
- course description(s)
- job description(s)/posting(s)

Health employer applicants must attach:

- copy of the employee's displacement letter (or displacement details included with the list of employee names where multiple nurses are involved) – if applicable
- course description(s)
- job description(s)/posting(s)
- list of employee names if the application is being made on behalf of more than one nurse
- additional cost detail if the application is being made on behalf of more than one nurse

