



Rush SRNA Tuition Support and Service Agreement Application

Rush University Medical Center (RUMC)/Rush Oak Park Hospital (ROPH) Student Registered Nurse Anesthetist (SRNA) Tuition Support and Service Agreement Program Application

Instructions: Applicants must complete this application in its entirety to be considered for the RUMC/ROPH SRNA Tuition Support and Service Agreement Program. Incomplete or improperly submitted applications will not be reviewed. All required documentation must be provided at the time of submission.

APPLICANT INFORMATION

Full Name: _____
Date of Birth: ____/____/_____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: (____) ____-_____
Email Address: _____
Current Year in Program: _____

ACADEMIC INFORMATION

Expected Graduation Date: ____/____/_____
Current GPA: _____

REQUIRED ATTACHMENTS

1. Academic and Clinical Progress – Please inquire with Dr. Yamashita to forward a general characterization of your academic and clinical progress.
2. Personal Statement (Maximum 500 Words) – Compose an essay articulating how participation in the Tuition Forgiveness Program will enhance your professional development. Discuss your career objectives, long-term aspirations, and the anticipated impact of this financial support on your academic and clinical trajectory.

ADDITIONAL QUESTIONS

1. Describe the key factors that influenced your decision to pursue a career as a Certified Registered Nurse Anesthetist. Additionally, explain how you intend to contribute to the advancement of this field following graduation. (Minimum 250 words)
2. Have you received any other financial aid, scholarships, or grants? If so, provide a detailed list, including funding amounts. Please do not include student loans.



ACKNOWLEDGMENT OF SERVICE COMMITMENT

In exchange for the receipt of Tuition Support as part of this Tuition Support and Service Agreement Program, the candidate will agree to a two-year service commitment post-graduation at Rush University Medical Center and/or Rush Oak Park Hospital. Your full-time employment at RUMC and/or ROPH will follow immediately after completion of the Nurse Anesthesia Doctor of Nursing Practice program, along with satisfactorily passing the NBCRNA board examination, Illinois state licensure, and credentialing at RUMC/ROPH. Failure to fulfill the service commitment or otherwise successfully complete the Nurse Anesthesia Doctor of Nursing Practice Program and other requirements, will result in an obligation to repay the Tuition Support funds disbursed through this program, including accrued interest. Upon acceptance into this Tuition Support and Service Agreement Program, candidates will be required to sign an agreement acknowledging their understanding and acceptance of these terms. By initialing below, you acknowledge and accept these terms.

Applicant Initials: _____

PROFESSIONAL OR ACADEMIC REFERENCE

Provide the contact information for a professional or academic reference who can attest to your qualifications, professional character, and commitment to the field.

- Name: _____
- Relationship: _____
- Email: _____
- Phone: (____) ____ - _____

CERTIFICATION AND AUTHORIZATION

By signing below, I certify that all information provided in this application is accurate and truthful to the best of my knowledge. I understand that any falsification or misrepresentation may result in disqualification from the program and potential repayment obligations.

Signature: _____

Date: ____/____/____

SUBMISSION GUIDELINES

Submit the completed application along with all required documentation to
Victor_Oskvarek@Rush.edu.