



Ballad Health
Recruitment Department

1019 W. Oakland Ave., Suite 1
Johnson City, TN 37604
tel 423.302.3299

balladhealth.org

Student Loan Assistance Application

Applicant's full name _____ **Email** _____

Address _____

Street/P.O. box

City

State ZIP

Cell phone number () _____ **Second phone number** () _____

Are you a U.S. citizen? Yes No

Date of graduation _____

College/university attended _____

RN/LPN position accepted location _____

Offices held in university organizations and/or high school

Honors and awards received

List name and location of other colleges attended/attending (please include MM/YY - MM/YY)

Community activities (please include any office positions held/awards received/etc.)

Professional association affiliations

List volunteer services you have worked (i.e., hospitals, nursing homes, etc.), if any.

Length of service	Location/employer	Type of job	Average hours worked/week

Employment (list data for each separate job)

Employer	Location	Type of job	From/to

Please submit the following with this application:

- Proof of student loan accrued in obtaining Registered Nurse or Licensed Practical Nurse degree

I certify that the information provided in this application is true to the best of my knowledge.

Applicant signature

Date

Please return completed application to:

Ballad Health
Attn: Nurse Student Loan Program
1019 W. Oakland Ave., Suite 1
Johnson City, TN 37604
tel: 423.302.3299

Please email: Recruitment@balladhealth.org

Everything below this line is to be completed by Ballad Health

Approved? Yes No