

**Sullivan County Memorial Hospital**  
**Application for Grant**  
**Certified Nursing Assistant Program**

Please complete all areas of this form. Do not leave any item blank. If you do not have a driver's license, please write N/A. This information is required to complete your criminal background check.

**Part 1:**

Date of Application: \_\_\_\_\_

Full Name (First, Middle, Last): \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are you over the age of 18?      Yes      No

Have you ever been convicted of a felony?      Yes      No

If Yes, please explain:

Are you currently employed?      Yes      No

**The following information will apply to all applicants:**

1. Must have a legal right to be employed in the United States.
2. You must be 18 years of age or older.
3. Must be able to pass the criminal background check.
4. Be willing to take the 75 hour class room lecture, each quiz must be passed with an 80% or higher grade.
5. 100 hours of clinical time. These clinical hours must be completed at Sullivan County Memorial Hospital.

**Part 2:**

In 2 paragraphs, state why you want to take this class and what your plans are after you have completed this class.

Submit this completed document no later than December 5, 2017 to:

Sullivan County Memorial Hospital

Attn: Tina

630 W. 3<sup>rd</sup> St.

Milan, Mo. 63556

**Signature of Applicant:** \_\_\_\_\_