

**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.*

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Submit this completed document no later than *May 10, 2019* to:  
Sullivan County Memorial Hospital  
Attn: Tina Sears-Hamilton  
630 W. 3<sup>rd</sup> St.  
Milan, Mo. 63556

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