

# George C. Lytal Scholarship Program

## EXHIBIT 1

### George C. Lytal Scholarship Program Application Form

#### Part 1: Employee Information

Please complete the following requested information.

Employee Name:	Facility Name and #:	Date:	
Job Title:	Hire Date:	<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> DAY <input type="checkbox"/> PM <input type="checkbox"/> NOC
Home Address – Street:	City, State and Zip Code:	Home/Cell Phone #:	
		Email Address:	

#### Part 2: Application Questions

Please answer the following questions, providing as much detail as possible. Your answers to these questions will be used to help determine your eligibility and selection for participating in this program.

1. Education Goals															
<b>Degree:</b> <input type="checkbox"/> HSD/GED <input type="checkbox"/> Bachelor <input type="checkbox"/> Associate <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other: _____	<b>License:</b> <input type="checkbox"/> CNA <input type="checkbox"/> LVN/LPT <input type="checkbox"/> PMHNP/PA <input type="checkbox"/> RN <input type="checkbox"/> LMFT <input type="checkbox"/> LPCC <input type="checkbox"/> LCSW <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> Other: _____														
2. When do you plan to enroll in this educational program?															
3. Estimated Total Cost (includes tuition, books, and materials) of program:															
<table border="1"><thead><tr><th>Year</th><th>Amount</th></tr></thead><tbody><tr><td>Year 1</td><td></td></tr><tr><td>Year 2</td><td></td></tr><tr><td>Year 3</td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td><b>Total:</b></td></tr></tbody></table>	Year	Amount	Year 1		Year 2		Year 3							<b>Total:</b>	
Year	Amount														
Year 1															
Year 2															
Year 3															
	<b>Total:</b>														
4. What qualities do you have that make you a good candidate for this Scholarship Program?															
5. Why do you want to pursue this course of study?															

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6. What are your short-term and long-term career goals and how does this educational program contribute to these goals?
7. How will Crestwood Behavioral Health, Inc. benefit from your participation in the educational program sponsored by this scholarship?
8. Outline your involvement with any community or special interest groups. Also indicate any related individual interests (e.g., sports, music, hobbies, etc.).
9. What other support do you feel would be helpful (e.g., job shadowing, cross-training, projects, etc.) to meet your career goals?
10. What is your desired next position?
11. Are you willing to relocate/work at other Facilities? If yes, please list Facilities/locations you would be willing to work at.
12. What is your expected program completion or graduation date?

### **Please read the statements below and sign:**

Scholarship Program Recipient agrees that, upon completion of the Scholarship Program, to remain in the employment of Crestwood Behavioral Health, Inc. for two (2) years.

Scholarship Program Recipient and Crestwood Behavioral Health, Inc. understand that this Agreement is not a contract of employment, nor does it guarantee promotion or continued employment for any specified term.

Crestwood Behavioral Health, Inc. and Scholarship Program Recipient agree that if Scholarship Program Recipient voluntarily resigns or is terminated for misconduct without having worked for

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Crestwood Behavioral Health, Inc. for two (2) years following completion of the Scholarship Program, Scholarship Program Recipient will reimburse Crestwood Behavioral Health, Inc. for reimbursed expenses already received.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part 3: Management Recommendation

Management will complete the following section and provide their recommendation(s). Please note: Management may recommend that the timing is not right for the candidate to participate in the program at this time due to the need to focus on current job performance, job skills training, etc.

1. Department Head's Recommendation (and reasons for the recommendation).

2. Administrator's Comments and Recommendations (and reasons for the recommendation).

*Attach a copy of the applicant's most recent performance evaluation.*

### APPROVAL:

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Team Review Date: \_\_\_\_\_

☐ Approved

☐ Not Approved

*Applicants will be considered without regard to race, color, religion, sex, or gender (including pregnancy, childbirth, and related conditions), marital status, sexual orientation, physical or mental disability, medical condition (cancer or genetic condition), age (40 or older), national origin or ancestry, veteran status, appearance (personal and gender) or any other characteristic which is protected by federal, state, or local law.*

**EXHIBIT 2**

**George C. Lytal Scholarship Program Course Requirements/Estimated Expenses**

**Instructions:**

Please complete the following requested information regarding prerequisite requirements for the educational program you are interested in pursuing.

Employee Name:		Title of Educational Program:	
Name of School:	Location: Street, City, State and Zip Code		School Phone #:

Please check the appropriate response:

Yes      No

- ☐      ☐ I have completed all prerequisite courses for this program.
- ☐      ☐ All prerequisite classes will be completed prior to my enrollment date in this program.  
(Prerequisites are not covered in the Scholarship Program Award)
- ☐      ☐ I have already applied to this educational program.
- ☐      ☐ I have been accepted into this program.

In which semester/quarter do you plan to begin taking classes in this program?

Month & Year \_\_\_\_\_

**Prerequisites** (insert rows or attach additional page if necessary):

Course	Date Completed/Expected Completion Date	Grade

**EXHIBIT 3**

**George C. Lytal Scholarship Program Application Checklist**

**Facility – Please Complete Before Submitting Applications, ensure that each statement regarding the employee is accurate:**

- ☐ Must regularly work a minimum of 20 hours per work week.
- ☐ Successful completion of Introductory Period.
- ☐ No active Performance Counseling above a Counseling for the previous 12 months.
- ☐ The employee does not have any other active Crestwood scholarship awards.
- ☐ Copy of current performance review
- ☐ Completion of Crestwood Scholarship Application Form
- ☐ Completion of Course Requirement/Estimated Expenses Form, including cost of program (estimates are acceptable)
- ☐ Copy of the institution course curriculum
- ☐\*(Optional) Include any letters of recommendation