

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 Program													
Degree: <input type="checkbox"/> HSD <input type="checkbox"/> BA <input type="checkbox"/> AA <input type="checkbox"/> MA <input type="checkbox"/> PhD/PsyD <input type="checkbox"/> Other: _____	License: <input type="checkbox"/> CNA <input type="checkbox"/> LVN/LPT PMHNP/PA <input type="checkbox"/> RN <input type="checkbox"/> LMFT LPCC <input type="checkbox"/> LCSW 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>Total:</td> </tr> </tbody> </table>		Year	Amount	Year 1		Year 2		Year 3					Total:
Year	Amount												
Year 1													
Year 2													
Year 3													
	Total:												
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?													

George C. Lytal Scholarship Program

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?

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).
<i>Attach a copy of the applicant's most recent performance evaluation.</i>

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 the course requirements for the educational program you are interested in pursuing, as well as an estimation of the expenses you expect to incur going forward. Remember, your completion of this form is used to evaluate your application.

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 2 – Continued

Required Courses (insert rows or attach course curriculum and additional page if necessary):

Course	Date Completed/Expected Completion Date	Grade

EXHIBIT 2 – Continued

Estimated Expenses

Registration			
Cost per semester/quarter/class: \$ _____	X	# of semesters/quarters/classes: # _____	= Total \$: \$ _____
Tuition			
Cost per semester/quarter/class: \$ _____	X	# of semesters/quarters/classes: # _____	= Total \$: \$ _____
Required Books			
Cost per semester/quarter/class: \$ _____	X	# of semesters/quarters/classes: # _____	= Total \$: \$ _____
School Supplies			
Cost per semester/quarter/class: \$ _____	X	# of semesters/quarters/classes: # _____	= Total \$: \$ _____
Board Exams / License Fees (Please list)			
\$ _____ \$ _____ \$ _____			= Total \$: \$ _____
Other (Please list)			
\$ _____ \$ _____			= Total \$: \$ _____
Total Program Cost Estimate			
Estimated registration, tuition, books, supplies, board exam / license fees, other.			= Grand Total \$: \$ _____

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

After Receipt of Award

- Employee and Administrator sign the Scholarship Award Program Agreement and forward signed copy to Scholarship Task Force.
- Ensure employee has enrolled in an accredited educational program within one year after award date. Prerequisites are not a covered reimbursement.
- Ensure employee completes a reimbursement form and provides a copy of their grades after each completed quarter/semester or class and obtains Administrator approval prior to forwarding to Accounts Payable. Forward a copy of grades to Scholarship Task Force.
- Ensure employee maintains passing grades for continuation of award.

EXHIBIT 4

George C. Lytal Scholarship Program Agreement

1. The parties to this Agreement are Crestwood Behavioral Health, Inc. ("Crestwood Behavioral Health, Inc.") and _____ ("Scholarship Program Recipient").
2. Crestwood Behavioral Health, Inc. selected Scholarship Program Recipient to receive this Scholarship. Crestwood Behavioral Health, Inc. agrees to pay the cost of registration, tuition, required books and supplies and exam/board fees up to the awarded limit for the Scholarship Program Recipient to attend _____ (school) to obtain a _____ (type of degree/license) and qualify to become a/an _____ (job title). The payment of such registration, tuition, required books and supplies and board exams/license fees is not compensation for services rendered.
3. In consideration for receiving the Scholarship award as a participant in the Crestwood Behavioral Health, Inc. Scholarship Program, the Scholarship Program Recipient agrees to diligently pursue his/her studies to the best of his/her ability.
4. Scholarship Program Recipient and Crestwood Behavioral Health, Inc. agree that Scholarship Program Recipient's participation in the Scholarship Program shall cease if Participant is unable to, or fails to, maintain satisfactory grades (grade point average of 2.0 or better) in the approved educational program specified in number two (2) above. When the grade point average reaches 2.0 or better, all Scholarship Program benefits will resume.
5. Scholarship Program Recipient and Crestwood Behavioral Health, Inc. agree that if Scholarship Program Recipient abandons his/her studies for any reason, Scholarship Program Recipient agrees to reimburse Crestwood Behavioral Health, Inc. for all reimbursed expenses already paid under the Scholarship award.
6. Scholarship Program Recipient agrees to provide Crestwood Behavioral Health, Inc. with a copy of his/her grades (report card) at the end of each semester/quarter.
7. Scholarship Program Recipient further agrees that, upon completion of the Scholarship Program, s/he shall remain in the employ of Crestwood Behavioral Health, Inc. for two (2) years.
8. 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.
9. 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 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.
10. If Crestwood Behavioral Health, Inc. terminates Scholarship Program Recipient's employment (for any reason other than misconduct) at any time prior to Scholarship Program Recipient having worked for Crestwood Behavioral Health, Inc. for two years following the completion of the Scholarship Program, Crestwood Behavioral Health, Inc. agrees that it will not seek any reimbursement from Scholarship Program Recipient for the cost of the reimbursed expenses already received.

EXHIBIT 4 – Continued

11. Crestwood Behavioral Health, Inc. and Scholarship Program Recipient agree that if any provision of this agreement is held to be invalid by a court of competent jurisdiction, the remaining provisions of the agreement shall remain in full force and effect.

Crestwood Behavioral Health, Inc. and Scholarship Program Recipient agree that if any provision of this agreement is held to be invalid by a court of competent jurisdiction, the remaining provisions of the agreement shall remain in full force and effect.

Date

Scholarship Program Recipient

Date

The Scholarship Task Force

EXHIBIT 5

George C. Lytal Scholarship Payment Request

Instructions:

1. **Employee** - Itemize all receipts for reimbursement under the Crestwood Behavioral Health, Inc. Scholarship Program and indicate the course in which each item was required. If you purchase a book, provide its title; if you purchase a supply item, indicate what it is, i.e., notebook, pencils, lab coat. Staple all receipts for which reimbursement is requested. If this is a reimbursement (not an advance) also include a copy of your report card.

2. **Administrator** - Review and approve. If approved, submit to Corporate Accounts Payable for processing.

Employee Name:	Facility Name:	Facility #:
Name of School:	Title of Educational Program:	
Request Type: <input type="checkbox"/> Reimbursement <input type="checkbox"/> Advance		Date:

Item Name	Item Description	Associated Course	Amount (Include taxes)	Estimated Amount (From Advance Request)
Totals				

*I have incurred the expenses outlined above and understand that **if this is an Advance** and I do not complete the courses with passing grades, that I may be required to repay the advance. (see Scholarship program for details)*

Approved Declined

Employee Signature/Date

Administrator's Signature/Date

The facility Administrator must approve this form before it is forwarded to Accounts Payable for processing.

EXHIBIT 6

George C. Lytal Scholarship Payment Request

Employee Information:

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

Advance Process Instructions:

Step 1: Request

Employee completes this form (including estimated amounts) to obtain approval for an advance, and Administrator approves or declines request.

Step 2: Incur Expense

If approved, the employee pays for the expenses and immediately completes the **Payment Request Form** which includes exact amounts and attaches receipts.

Step 3: Processing Approved Incurred Expenses

Administrator sends the completed signed **Payment Request Form** to Accounts Payable for processing. Accounts Payable produces a check for the employee within 2 weeks of receipt of the request.

Step 4: Reconcile Advance

Employees provide proof of course completion (passing grades) to the Administrator, thus meeting the requirements of the Scholarship Program and the advance request. Administrator sends proof of course completion/grades to Accounts Payable for tracking.

Eligibility Questions:

1. Does your school offer deferred payment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the purpose of the request.
2. Why are you requesting an advance (please describe your hardship)?

