

Financial Assistance Program Application

We value learning and personal growth! Our goal is to inspire our college-focused team members financially and via meaningful, well-supported hands-on care experiences. No experience is required!

This applies to:

- College or trade school **Students** (especially pursuing a healthcare-related field of study) here in Lancaster County.
- Parents** of students in college or trade school who are working to help support their child in their learning endeavors.

To begin, please complete our Home Instead Senior Care application online at www.lancastercaregivers.com.

Questions? Call us at 717-207-0755. We would love to talk with you!

For every hour worked, you earn one bonus dollar towards the cost of education. Each time 250 hours accrue, payment (less applicable payroll taxes) will be applied to your tuition or educational costs. (ie. books, field of study expenses, etc.)

This program will begin on your first client care shift. Client care shifts are the only hours applicable. Training, on call, and meeting hours are not included. Hours will be tabulated by the 15th of the month for the prior month. Overtime hours do not apply. Failure to work any hours within a 6-month period automatically terminates this agreement. This program will continue until a written notice is provided by the student or employer. This will be assessed on a case by case basis.

Your participation in this program may limit your ability to participate in other programs with Home Instead Senior Care. Home Instead Senior Care reserves the right to change this agreement at any time.

Requirements:

- Full time or part time student enrolled in college or trade school
- Have valid driver's license, car insurance, and vehicle
- Apply & be hired as a CAREGiver with Home Instead (www.lancastercaregivers.com)

Financial Assistance Amount: \$5,000 maximum

Employee Name: _____

Employee Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____

Email: _____

Major: _____

School: _____

****Please attach a copy of school schedule for our records****

Student Signature: _____

Date: _____



(Below for office use only)

Notes:

Date Received: _____