

**Tri-County Health Care Industry Partnership
Tuition Award for LPN and RN programs**

The Tri-County Health Care Industry Partnership will be giving out up to ten \$1,000 awards to health care workers currently enrolled in BSN, RN and LPN programs.

2026 Application Information

Requirements

1. Applicants must be employed in a health-related position on the due date of the application. Employment may be at full-time, part-time, or casual status. Evidence of meeting this requirement will be demonstrated in the application and by the employer's statement.
2. Applicants must work or live in Armstrong, Butler, or Indiana County. Place of employment will be considered first and residence second. Evidence of meeting this requirement will be demonstrated in the application and/or by the employer's statement.
3. Applicants must be enrolled in the health-related classes of their major course of study (not prerequisites or remedial courses) on or before the due date of the application. They must be pursuing a degree, diploma, or certificate in a **BSN, RN or LPN program**. Evidence of meeting this requirement will be documented by a class schedule or a transcript from the school.
4. Applicants must submit an essay describing his/her motivation to obtain a degree, diploma, or certificate. Applicants should describe their plans after graduation, career goals and how their post-secondary education will benefit themselves, employers, patients, or community. Other topics that may be addressed are leadership accomplishments, obstacles the applicant has overcome, and special talents. Specifications for the essay are below. Failure to meet these specifications may be cause for disqualification at the discretion of the Selection Committee.
 - a. Typed, no longer than one page, single spaced, in a 10 or 12 point font
 - b. The applicant's name must be typed at the top of the page.
 - c. The essay should use proper grammar and correct spelling.

Selection

1. Members of the Tri-County Health Care Industry Partnership will serve on the Selection Committee, with each of the three counties represented. They will review all complete applications from qualified individuals.
2. Incomplete applications will not be considered. To be complete, the application must include
 - a. The applicant's portion signed by the applicant
 - b. The one page essay
 - c. A class schedule or transcript
 - d. The signed employer's statement
 - e. The signed statement from the Office of Financial Aid
 - f. Copy of tuition invoice

3. The Selection Committee will evaluate each application based on the quality of the essay including career goals, achievement in school including grade point average, the recommendation of the employer, and financial need.
4. The number of awards and the amount of each award will be dependent upon the availability of funds.
5. Only those selected to receive awards will be notified. Notification will be done by email.
6. The decisions of the Tri-County Health Care Industry Partnership are final.
7. The responsibility for the taxability of the award remains with the recipient.

Submission

1. The complete application must be received by 4:00 p.m. on the due date. It can be emailed, mailed or delivered by hand. Place the application in a 9" X 12" or larger envelope and do not fold any pages.
2. Late applications will not be considered.
3. The applicant is solely responsible for making certain that all required parts and forms have been submitted. The Selection Committee will not notify applicants of missing documents.
4. Inquiries may be addressed to Paul Weifenbaugh, TCWIB Assistant Director, at the address below, or 724-282-9341 extension 101 or pweifenbaugh@tricountywib.org.
5. Submit the application to
Paul Weifenbaugh
Tri-County Workforce Investment Board
Pullman Commerce Center
112 Hollywood Drive, Suite 201
Butler, PA 16001
pweifenbaugh@tricountywib.org

Due date: June 3, 2026 by 4:00 p.m.

**Tri-County Health Care Industry Partnership
2026 Tuition Award Application
To be completed by the applicant:**

For office use only	
☐ A	Rec'd
☐ B	
☐ I	

Due date: June 3, 2026 by 4:00 p.m.

PART I

Name _____

Address _____

County _____

Daytime Phone _____ Are you 18 years of age or older? _____

Birthdate _____

Email Address _____

Social Security Number _____

Name of School for RN or LPN Training _____

Current G.P.A. (if applicable) _____

Major Course of Study _____ Current Year of Study _____

Anticipated Graduation Date _____

Degree, credential, or certificate on graduation _____

Total Cost of Program _____

Are you currently receiving monies for education and/or related expenses as a result of other scholarship programs or grants? Please specify sources.

Have you received or will you receive tuition reimbursement from your employer?
If so, what does your employer require for you to receive this benefit?

When your course of study is completed, what are your career plans and goals?

Do you have any outside interests, volunteer work, club memberships or hobbies? If so, please explain: _____

PART II

Employer name _____ Phone _____

Employer address _____

Years with this employer _____ Your current position or job title _____

Supervisor _____ Supervisor's email _____

Supervisor's phone _____

Part III

I certify that the information contained herein is true and correct to the best of my knowledge.

Applicant's Signature _____

Date _____

Please Attach Essay. - Applicants must submit an essay describing his/her motivation to obtain a degree, diploma, or certificate. Applicants should describe their plans after graduation, career goals and how their post-secondary education will benefit themselves, employers, patients, or community. Other topics that may be addressed are leadership accomplishments, obstacles the applicant has overcome, and special talents.

Tri-County Health Care Consortium Application
To be completed by the Employer:

Applicant's name_____

Employer_____ FEIN _____

Applicant's job title_____ Years in your employ_____

Do you plan to continue employing the applicant after graduation?

Do you provide tuition reimbursement or other financial benefit for the applicant to earn his/her degree, diploma, or certificate? If so, please describe:

Please choose one statement below based on your knowledge of the applicant, his/her motivation to learn, and work performance including customer service.

- ☐ Highly recommend this applicant
- ☐ Recommend this applicant
- ☐ Recommend this applicant with reservation
- ☐ Do not recommend this applicant

Briefly explain your selection: _____

Name of person completing this form _____

Job title _____ May we contact you if we need more information? _____

Email _____ Daytime phone _____

Signature _____

Date _____

Tri-County Health Care Consortium Application

To be completed by School/College Official/Office of Financial Aid

Applicant's Name_____

School/College_____

Degree, diploma, or certificate earned upon graduation _____

GPA(if applicable)_____

Expected graduation date_____

Total Tuition /Fees costs for the Current Year..... \$_____

Financial Aid (include all sources)..... _____

Unmet Costs/Student Contribution..... _____

Name of person completing this form_____

Email _____ Phone _____

Date_____

School Official Signature