# Union General Hospital

# Louisiana Department of Health

# HERO Nursing Workforce Advancement Pathway

# STUDENT APPLICATION

**Application Date:** _____

**Applicant Name:** _____

## PROGRAM INTRODUCTION

Union General Hospital has been awarded funding through the Louisiana Department of Health's Healthcare Employment Reinvestment Opportunity (HERO) initiative to support healthcare workforce development and expand educational opportunities for individuals pursuing nursing careers.

Through Union General Hospital's Nursing Workforce Advancement Pathway, developed in partnership with Louisiana Delta Community College, eligible participants may receive assistance with approved nursing tuition and fees, subject to the requirements of the HERO grant, Union General Hospital, and Louisiana Delta Community College.

This application is open to both current Union General Hospital employees and individuals who are not currently employed by Union General Hospital. Completion of this application does not guarantee selection for participation, admission to Louisiana Delta Community College or an applicable nursing program, employment with Union General Hospital, or payment of tuition and fees. All applicants must meet applicable eligibility, selection, enrollment, academic progress, and grant requirements.

### Application Deadline and Submission

Completed applications must be received by Friday, November 20, 2026, at 5:00 p.m. Central Time.

Email your signed application to cwade@uniongen.org or deliver it in person to:

Claudia Wade

Director of Marketing, Community Development & Grant Management

Union General Hospital

901 James Avenue

Farmerville, LA 71241

For questions, please call (318) 368-7075.

If submitting by email, print, complete, sign, and scan the application.

**SECTION 1: APPLICANT INFORMATION**

**Full Name:** _____

**Mailing Address:** _____

**City, State, ZIP:** _____

**Phone Number:** _____

**Personal Email:** _____

Are you currently employed by Union General Hospital?

☐ Yes ☐ No

If yes, complete Section 2A. If no, complete Section 2B.

**SECTION 2A: CURRENT UNION GENERAL HOSPITAL EMPLOYEES**

Employee Eligibility: Current Union General Hospital employees must be in good professional standing, as verified by their supervisor/manager and Human Resources, to qualify for participation in the HERO Nursing Workforce Advancement Pathway.

Complete this section only if you are currently employed by Union General Hospital.

**Current Job Title:** _____

**Department:** _____

**Employee ID:** _____

**Work Email:** _____

**Original Date of Hire at Union General Hospital:** _____

**Current Supervisor/Manager:** _____

Employment status:

☐ Full-time ☐ Part-time ☐ PRN ☐ Other: _____

**SECTION 2B: NON-EMPLOYEE APPLICANTS**

Complete this section only if you are not currently employed by Union General Hospital.

**Current Employer, if applicable:** _____

**Current Position/Job Title, if applicable:** _____

Current employment status:

☐ Full-time ☐ Part-time ☐ Not currently employed ☐ Other: _____

Have you previously been employed by Union General Hospital?

☐ Yes ☐ No

**If yes, position/department and dates of employment:** _____

If selected for HERO assistance, are you willing to accept employment with Union General Hospital following successful completion of the required nursing education program and applicable licensure requirements and fulfill the required two-year employment commitment?

☐ Yes ☐ No

**SECTION 3: EDUCATIONAL BACKGROUND AND CAREER GOALS**

Highest level of education completed:

☐ High School Diploma ☐ GED/High School Equivalency ☐ Some College ☐ Certificate or Technical Diploma ☐ Associate Degree ☐ Bachelor's Degree ☐ Graduate Degree ☐ Other: _____

Please list any current healthcare licenses, certifications, or credentials you hold:

_____

_____

Are you currently enrolled in a nursing or healthcare education program?

☐ Yes ☐ No

If yes, please provide the following:

**Institution:** _____

**Program:** _____

**Current year, semester, or level in the program:** _____

**Expected graduation date:** _____

**Program for This Application Round:** Licensed Practical Nurse (LPN) Program at Louisiana Delta Community College

**LPN Program Start Date:** January 2027

**Anticipated program completion date:** _____

**What is your application status for LDCC's January 2027 LPN program?**

☐ Not started ☐ In progress ☐ Decision pending ☐ Waitlisted
☐ Accepted ☐ Enrolled ☐ Not accepted

**If already enrolled, what year or semester will you enter next:** _____

**SECTION 4: GRANT ELIGIBILITY AND PARTICIPATION COMMITMENT**

Please answer each question accurately. Additional documentation may be requested to verify eligibility.

1. Are you able to meet the admission and enrollment requirements established by Louisiana Delta Community College and the applicable nursing program?

☐ Yes ☐ No ☐ Unsure

2. If selected, are you willing to maintain the academic progress, attendance, clinical participation, and other educational benchmarks required by Louisiana Delta Community College, Union General Hospital, the applicable nursing program, and the HERO grant?

☐ Yes ☐ No

3. Are you able to meet the academic, clinical, study, and other time commitments required by the nursing program?

☐ Yes ☐ No ☐ I may need scheduling or other support to participate successfully

Please briefly explain any scheduling or participation considerations:

_____

_____

_____

_____

_____

_____

_____

4. Are you willing to provide Union General Hospital with documentation necessary for grant administration and compliance, which may include enrollment verification, academic progress, grades, attendance, tuition and fee information, program completion documentation, licensure status, and other information required for HERO grant reporting?

☐ Yes ☐ No

**SECTION 5: PERSONAL STATEMENT**

Please provide a personal statement of approximately 250-500 words addressing the following:

• Why do you want to participate in Union General Hospital's HERO Grant Program?

• How does pursuing this nursing education align with your long-term healthcare career goals?

• How will completing this program strengthen your ability to serve patients and contribute to Union General Hospital and the community?

• Why should you be considered for this educational opportunity?

_____

_____

_____

_____

_____

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_____

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_____

Additional pages may be attached if necessary.

**SECTION 6: CURRENT UGH EMPLOYEE MANAGER/SUPERVISOR ACKNOWLEDGEMENT**

To be completed only for applicants who are currently employed by Union General Hospital.

I acknowledge that the employee named in this application has applied for consideration for participation in Union General Hospital's HERO Grant Program. To the best of my knowledge, the information below accurately reflects the employee's current professional standing.

**Employee Name:** _____

**Manager/Supervisor Name:** _____

**Manager/Supervisor Title:** _____

Is the employee currently in good professional standing?

☐ Yes ☐ No

Does the employee currently have an active disciplinary action or corrective action plan?

☐ Yes ☐ No

Do you support this employee's application for consideration for the HERO Grant Program?

☐ Yes ☐ No ☐ Support with conditions or considerations explained below

Comments, including any scheduling considerations that may affect participation:

_____

_____

_____

**Manager/Supervisor Signature: _____**

**Date: _____**

**SECTION 7: EMPLOYMENT COMMITMENT AND EDUCATIONAL ASSISTANCE REQUIREMENTS**

As a condition of accepting financial assistance through Union General Hospital's HERO Nursing Workforce Advancement Pathway, the student agrees to accept employment with Union General Hospital following successful completion of the required nursing education program and applicable licensure requirements and to fulfill a two (2)-year employment commitment.

For current Union General Hospital employees, this commitment may be fulfilled through continued employment with Union General Hospital following successful completion of the educational program and applicable licensure requirements. For applicants who are not currently employed by Union General Hospital, the two-year employment commitment will begin upon commencement of employment with Union General Hospital following successful completion of the educational program and applicable licensure requirements.

Employment and retention expectations, as well as any other applicable requirements, will be administered in accordance with the terms and conditions of the HERO grant, Union General Hospital's approved Statement of Work, and any applicable student participation agreement.

**SECTION 8: APPLICANT ACKNOWLEDGEMENT AND CERTIFICATION**

By signing below, I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that submitting this application does not guarantee selection for the HERO Grant Program, admission to Louisiana Delta Community College or an applicable nursing program, employment with Union General Hospital, or payment of tuition and fees.

If selected, I understand that my continued participation may depend on meeting all applicable requirements established by Union General Hospital, Louisiana Delta Community College, the applicable nursing program, and the HERO grant. These requirements may include, but are not limited to, maintaining satisfactory academic progress, meeting attendance and clinical requirements, remaining eligible for enrollment, providing required documentation, completing applicable licensure requirements, and complying with applicable program and grant requirements.

I authorize Union General Hospital to verify the necessary information to determine my eligibility and administer my participation in the HERO Grant Program. I understand that additional agreements, authorizations, or documentation may be required before tuition and fees are approved or paid.

By signing below, I also acknowledge that I have read, understand, and agree to the Employment Commitment and Educational Assistance Requirements stated in Section 7.

**Applicant Name (Printed):** _____

**Applicant Signature:** _____

**Date:** _____

**FOR INTERNAL USE ONLY**

**Application received by:** _____

**Date received:** _____

**Eligibility review completed by:** _____

**Date reviewed:** _____

Applicant category:

☐ Current UGH employee ☐ Non-employee applicant

Current UGH employment status verified, if applicable:

☐ Yes ☐ No ☐ Not applicable

Professional standing verified, if applicable:

☐ Yes ☐ No ☐ Not applicable

Program eligibility verified:

☐ Yes ☐ No ☐ Pending

Louisiana Delta Community College admission/enrollment status:

☐ Admitted ☐ Enrolled ☐ Pending admission ☐ Not yet applied ☐ Other: _____

Selection decision:

☐ Approved ☐ Conditionally Approved ☐ Waitlisted ☐ Not Approved ☐ Pending Additional Information

**Approved program:** _____

**Approved academic period:** _____

Additional conditions or documentation required:

_____

_____

_____

**Authorized by:** _____

**Title:** _____

**Signature:** _____

**Date:** _____

**Application Submission**

Email your signed application to cwade@uniongen.org or deliver it in person to:

Claudia Wade

Director of Marketing, Community Development & Grant Management

Union General Hospital

901 James Avenue

Farmerville, LA 71241

Email: cwade@uniongen.org

Phone: (318) 368-7075

**Application Deadline:** Friday, November 20, 2026, at 5:00 p.m. Central Time. Applications must be received by this deadline and must be complete to be considered.

**Final Selection:** A selection panel composed of Union General Hospital leadership team members will review applications and select participants based on program eligibility requirements and established selection criteria. Submitting an application or meeting eligibility requirements does not guarantee selection for the HERO Nursing Workforce Advancement Pathway.