

**Loyola University Health System
Nursing Education Stipend**

APPLICANT NOTIFICATION FORM

Complete top section only of this form. **Please PRINT.**

Date: _____

Name: _____

Unit/Department: _____

Manager: _____

Interoffice Address: _____

Email Address: _____

Funds approved (dollar amount): _____ Money will appear on your paycheck as a nontaxable reimbursement. This may take up to 3 pay periods after receiving your notification letter to appear on your paycheck.

Funds denied: _____

Resubmit with corrections by next application deadline

Applicant notified: email & interoffice mail

Education Council final approval signature: _____

To Nursing Office for final approval: _____

Any questions, contact Barb Hering at bhering@lumc.edu

2/09