



Family First Health Application for FFH Community Scholars Program

**This form must be completed and submitted to Human Resources.*

Employee Name: _____

Job Title/FFH Site: _____

Name of School: _____

School enrollment
Period: _____

My interest in pursuing a Medical Assistant Certification is:

Any concerns that I have regarding completing my certification, accepting or remaining employed at FFH for a minimum of 24-months following my certification includes:

Employee/Student Signature: _____ Date: _____

Supervisor/Instructor Signature: _____ Date: _____

Administrative Use Only

HR Signature: _____ *Date:* _____

Approved: _____ Denied: _____

Fiscal Signature: _____ *Date:* _____

Approved: _____ Denied: _____

APPROVED: _____ **DENIED:** _____

Date HR Received: _____ *Date employee notified of approval/denial* _____