



RN Scholarship Loan Application Instructions

Please complete the RN Scholarship Loan application. Fax the completed application directly to the Human Resources Department in the hospital where you want to work to complete your scholarship employment commitment. For more information, please refer to the RN Scholarship Loan Program brochure, available in print or online at www.arbourhealth.com in Careers, or contact the Human Resources Department.

Arbour Health System

Arbour Hospital
Human Resources Department
49 Robinwood Avenue, Jamaica Plain, MA 02130
617-522-4400 fax: 617-390-1579

Arbour-Fuller Hospital
Human Resources Department
200 May Street, South Attleboro, MA 02703
508-761-8500 fax: 508-838-2256

Arbour-HRI Hospital
Human Resources Department
227 Babcock Street, Brookline, MA 02446
617-731-3200 fax: 617-232-0283

Lowell Treatment Center
Human Resources Department
391 Varnum Avenue, Lowell, MA 01854
978-703-2200 fax: 978-452-6550

Pembroke Hospital
Human Resources Department
199 Oak Street, Pembroke, MA 02359
781-829-7000 fax: 781-829-7158

Westwood Lodge
Human Resources Department
45 Clapboardtree Street, Westwood, MA 02090
781-762-7764 fax: 781-278-0942

Arbour Health System is the largest private behavioral health system in Massachusetts. Arbour Health System includes Arbour Counseling Services, Arbour Hospital, Arbour SeniorCare, Arbour-Fuller Hospital, Arbour-HRI Hospital, Lowell Treatment Center, Pembroke Hospital, The Boston Center, The Quincy Center, and Westwood Lodge.



RN Scholarship Loan Application

Employee Information

Name: _____ Social Security: _____

Position/Title: _____ Date of Hire: _____

Department: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

I am interested in completing my employment commitment at the following Arbour Health System Hospital:

Degree Objective

Program Degree/Major: RN Begins: _____ Expected Completion: _____

School Information

Name of School: _____ Phone: _____

Address: _____

Course Information

Course Number	Course Title	Course Schedule	College Credits	Tuition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Cost: _____

Are you receiving other financial support? Yes _____ No _____

If yes, please attach additional detailed documentation and specify:
Amount: _____
Source: _____
Purpose: _____

Required Signatures

I wish to enroll in the above courses under the RN Scholarship Loan Program.
I certify that the information above is accurate and true.

Applicant signature: _____ Date: _____

Reviewed and approved by: _____ Date: _____