

**Healthcare Workforce Investment Fund – June Report**

**HWIF Partnership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reporting Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Due Date: June 1, 2025**

**Scholarship Impact and Distribution**

1. Student Information: How many students have received HWIF scholarships in your program? How far along are the students in the program? How much was each award?
2. How are scholarship recipients selected or prioritized for HWIF support? Describe the solicitation and selection process.

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**Recruitment and Outreach Strategies**

1. What new strategies are you using to recruit students with HWIF support?
2. Have you shared information about HWIF through your website, social media, or community partners?

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**Enrollment Trends**

1. Have you noticed any changes in overall student enrollment since the HWIF scholarship opportunity was introduced?
2. Have more students applied or shown interest in the healthcare training program since the HWIF scholarship opportunity became available?

**Feedback & Collaboration**

8. What feedback have you received from students or faculty about the HWIF?

9. How are you communicating and collaborating with your healthcare partner throughout the scholarship selection process, development of the promissory note, and student journey to ensure a successful student transition for education to employment?

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| **Budget**  *\*Please complete this budget template to give CPE a picture of how many students you’ve supported so far, how many you intend to still support, and to let us know about any employer restriction being utilized (if applicable).* | |
| **How much have you invoiced CPE for so far?** |  |
| **Full-Tuition Cost**  ***(per student, per year) – please note, all HWIF awards must be at least full tuition, up to the cost of attendance*** |  |
| **# of Students Receiving Full-Tuition Scholarships**  ***(breakdown by academic year)*** |  |
| **Scholarship Award Amount**  ***(per student)*** |  |
|  | |
| *KRS 164.0403 - Each recipient of a scholarship will be required to practice as a licensed or certified medical professional in the Commonwealth for a contract period of one (1) year for each academic year funded by the scholarship up to a maximum of two (2) total years.*  *Unless the partnership is with a state registered nursing aid training program, the healthcare partner can place a restriction for the scholarship recipient(s) to work for them upon graduation for the contracted period noted above.* | |
| **Will the healthcare partner be requiring the student(s) to work for them upon graduation for the contract period identified above?** |  |

10. If the healthcare partner is requiring the student(s) to work for them upon graduation for the contract period identified above, how is this being communicated to the students during the scholarship solicitation and selection process?