

# EDUCATIONAL SUPPORT PROGRAM - APPLICATION

## APPLICATION PROCEDURES

This application is to be completed in its entirety by County of Riverside employees that are interested in any of the programs or services offered by the Educational Support Program excluding Educational Loan Repayment. Once a completed application is received employees will be contacted by Educational Support Program staff within one week. Please note completing this application does not guarantee future placement in the Educational Support Program.

## ELIGIBLE CANDIDATES

Regular full-time County employees who have successfully completed their initial probationary period. Any TAP and Per Diem employee working full-time in a Certified Nursing Assistant or Nursing classification, in any County Department, who works a minimum of 520 hours in any fiscal year is also eligible. Please refer to the Educational Support Program Policies and Procedures for additional information on eligibility.

## REQUIRED INFORMATION

Employee Name: First MI Last

Current Position (title)

Employee ID

Union

Current Department

Current Supervisor

Work Location (city)

Initial Hire Date

Work Contact Number

Other Contact Number

E-mail Address (county e-mail preferred)

## CURRENT EDUCATION - Check the highest level of education completed

- Professional Degree (including Doctoral)       Master's Degree       Bachelor's Degree       Associate's Degree
- Some College       Certificate/License       High School Diploma/GED       Less than High School

Please specify major if you checked a college degree

## REASON FOR APPLYING - Check all that apply

- CAREER COUNSELING** - Interested in meeting with a Career Counselor
- Exploring county career options     Career / Educational guidance     Help with building a better resume
- TEXTBOOK & TUITION ASSISTANCE OPTIONS** - Interested in pursuing further education
- I know the county position I am interested in pursuing (please specify) \_\_\_\_\_
- I know what degree/certificate I am interested in (please specify) \_\_\_\_\_
- I am interested in exploring financial assistance options

## REQUIRED SIGNATURES

Employee Name (please print)

Date

**Employee Signature** - by signing this application you are acknowledging that you have read and agree to the Educational Support Program policies and procedures.

Immediate Supervisor Name (please print)

Date

**Immediate Supervisor Signature** - by signing this application for the above employee you are attesting that they have completed their initial probationary period with the County of Riverside and are in good standing in their current position.

ONCE COMPLETED PLEASE RETURN THIS APPLICATION TO MAIL STOP #1081 OR MAIL TO EDUCATIONAL SUPPORT PROGRAM, 4080 LEMON STREET, 7<sup>TH</sup> FLOOR RIVERSIDE, CA 92501, Or you can email it to [ESP@rivco.org](mailto:ESP@rivco.org). If you have any questions while completing this application please contact the Educational Support Program at [ESP@rivco.org](mailto:ESP@rivco.org). You can access Educational Support Program policies and procedures at <http://esp.rc-hr.com>.