

2009 NORTHWEST COMMUNITY HEALTH LEADERSHIP INSTITUTE
University of Washington Certificate Program in Community Health Leadership

LETTER OF COMMITMENT¹

This letter serves as my commitment to support _____ in
(Name of employee) please print
his/her application to participate in the Northwest Community Health Leadership
Institute slated to commence March 8-11, 2009. By signing this letter of commitment,
I understand that in addition to supporting this individual in his/her submission of an
application, I am also agreeing:

1. To pay for Institute tuition according to the following schedule:
 - a. Down payment of 50% of the tuition cost, or \$1900 by **November 14, 2008**
 - b. Final payment of \$1900 by **February 2, 2009**
2. To financially support the student/employee in regards to travel, lodging, and meals and course materials if other funding is not available.
3. To support the student/employee in scheduling his/her workload to accommodate attendance at all on-campus sessions and distance-based coursework.

I understand that admission to the program is competitive and that if my employee(s) is not accepted into the program, my organization will receive a 100% refund of the down payment submitted.

I understand that if my employee(s) is selected to participate in the program, my organization is obligated to pay the full tuition cost of the program per the schedule noted above.

I further understand that NWRPCA is at risk for the total cost of the tuition and therefore if for any reason my employee(s) drops out of the program I have the following options: (1) if the employee(s) withdraws at any time during the 6 month program, my organization is still obligated to pay the full tuition cost. (2) If an applicant withdraws before February 15, 2009, and there is an approved applicant from another health center on the waiting list who can make the commitment, I can elect to relinquish the seat. This would transfer the corresponding monetary obligation reserved for my employee to the other migrant or community health center. I acknowledge that if a qualified applicant is NOT found, responsibility for full payment still resides with my organization.

¹ This letter of commitment is between the community health center submitting the letter and the Northwest Regional Primary Care Association (NWRPCA). Whatever financial and/or work commitments said community health center wishes to make with the chc employee seeking admission to the program is between the health center and the employee.

My signature below attests to the fact that I, acting on behalf of the organization noted below, agree to comply with the aforementioned commitments.

(Community/Migrant Health Center Name)

(Address 1)

(Address 2)

(City)

(State)

(Zip Code)

(Chief Executive Officer or Executive Director Signature) OR
(Board Chair if CEO/ED is the applicant)

(Phone number)

(E-mail address)

Make checks payable to Northwest Regional Primary Care Association and return the UW application materials along with this letter of commitment by November 14, 2009 to the attention of:

NWCHLI- UW CHL Coordinator
NWRPCA
6512-23rd Avenue NW, Suite 305
Seattle, WA 98117

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FOR OFFICE USE ONLY:

Date Letter Returned: _____

Amount of Deposit: _____ Check # _____