How to Apply for the BSMH Tuition Benefit through Guild Education

For Students Already Enrolled in a Ministry College

- 1. The Guild application opens 45 days prior to the start of each semester. You will need the following information:
 - a. Your BSMH username and password (BSMH ID). These are the same credentials used to sign into Workday and BSMH computers.
 - b. Two factor authentication set up on your phone. To set up: Download VIP Access to your smart phone from the app store. Then call BSMH IT to register the app at 833-691-4357.
 - c. Term start and end dates for the semester you are applying. This information is on the Academic Calendar, check your college's website.
 - d. Your expected graduation date. You can find this in your Student Portal under Degree Audit.
- 2. To begin the application, go to <u>bsmh.guildeducation.com</u> and select [Get started today]



VIP Access

3. Select [Login with BSMH ID]

4. Sign in with your BSMH ID – username@ads.bshsi.com
*A default email may pop up, change it to your ads email
*username and password are the same as what you use to log into Workday and BSMH computers

BON SECOURS MERCY HEALTH	GUILD
Log in	Sign up
Welco	ome!
To create an account, please your employer's portal.	e log in below through
Log in with	BSMH ID

5. You will receive a sign in request to your smartphone *You must have VIP Access set up on your phone – see page 1 for instructions





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6. Select [Get started]



7. Enter your name, non-work email, and state, then select **[Next]**

bout_you	
	Getting in touch
	* Required
	Provide your name - just as you write it every day - a non-work email address and the state where you live.
	First name *
	Last name *
	1
	Non-work email *
	State *
	Virginia × ×
Previo	us Next

8. Enter your phone number, then select [Next]

* Required Guild will keep your contact	information private. We'll
only call you if you need sup journey.	port during your education
Phone number *	
(123) 456-7890	I
By entering your phone number, yo text messages (some may be auton educational benefits, account, enrol experience, or other information or s	nated) with information about you Iment-related activities, academic

9. Select [Next]



10. Enter your current education level prior to enrollment at a ministry college, then select **[Next]**

	/hat is your highest level f education? *	
* Re	equired	
	s will help us provide you the best education berience.	
0	Some high school	
0	High school diploma	
0	Some college	
0	AA degree	
0	BA / BS degree	
0	Advanced degree (Masters, PhD)	
	Some or all of my education was from outside the US	

11. Select [I am already enrolled in a university or school]

W *	Vhat best describes you?
* R	equired
	is will help us provide you the best education perience.
0	I want to go back to school, and I know what type of program, degree, or certificate I want to complete
0	I want to go back to school but I'm not sure what I want to study
0	I primarily want to learn or improve a language
0	I'm honestly not sure about going back to school
	I am already enrolled in a university or school

12. Select [Direct Payment Program]



Direct Payment Program	
Apply to select schools for an upcoming term to avoid paying out-of-pocket for your degree or certification.	
Start the process	Your eligibility
Bon Secours Mercy Health's Direct Payment Program is for employees enrolled or intending to enroll at a ministry-owned school:	S Eligible for education bene Employee ID: 2:
Mercy College of Ohio	
Bon Secours St. Mary's Hospital School of Medical Imaging	
Bon Secours Memorial College of Nursing	
Southside College of Health Sciences	Resources
With the Direct Payment Program, you apply for a sponsorship letter up to 45 days before the start of each new	
term. The sponsorship letter lets your school know that Bon Secours Mercy Health will cover your tuition for the	
coming term, up to the amount offered for your selected program.	Direct Payment Program - How works
Apply for Sponsorship letter	Program catalog

14. Select [Save and continue]



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15a. Choose your school from the dropdown list

Ø-_____ _______ -(4)--(5) Ø -2)---3-4 -(5) Education Term Dates Agreements Review Welcome Welcome Education Term Dates Agreements Review Education Education * Required field * Required field School * School * Choose option ~ Bon Secours St. Mary's Hospital School of Medic... X ~ Bon Secours St. Mary's Hospital School of Medical . Imaging Program name* Bon Secours Memorial College of Nursing Mercy College of Ohio Program type * For Nursing or Phleboto se that specific program type rathe Southside College of Health Sciences nv. c than the general degree or cer te type. Expected graduation date * (mm/dd/yyyy) **Tip** – Choose from the options below: you expect to con **BSMCON BS** in Nursing ٠ SOMI Certificate in Radiologic Technology 15c. Choose the appropriate program type ٠ from the dropdown menu AAS of Radiologic Technology ٠ <u>SCH</u>S AAS in Nursing • Education AAS in Diagnostic Medical Sonography • * Required field AAS in Radiologic Technology School * .. X V Your School Program name* Your Program name Program type * For Nursing or Phlebotomy, choose that specific program type rather than the general degree or certificate type. **Tip** – Choose the option below that is associated with your program: **BSMCON** Associate's Degree Nursing - Associate's Bachelors - BS in Nursing • SOMI Bachelor's Degree • **Certificate** – Certificate in Radiologic Technology Certification Associate's Degree - AAS of Radiologic Technology Master's Degree **SCHS** Nursing - Associate's Bachelors - AAS in Nursing Nursing - Associates / Bachelors • Associate's Degree - AAS in Diagnostic Medical Sonography Phlebotomy - Certificate Associate's Degree - AAS in Radiologic Technology •

15b. Enter the name of your program

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15d. Enter your graduation date, then select [Save and continue]

Education					
* Required field					
School *					
Your School	×	~			
Program name *					
Your Program name]		
Program type * For Nursing or Phlebotomy, choose that specific progra than the general degree or certificate type.	m type rat	her			
Your Program type	×	~]		
Expected graduation date * (mm/dd/yyyy) Tell us when you expect to complete your program.					
mm/dd/yyyy]		
1					
					ana ang ang ang ang ang ang ang ang ang
s				Save an	d continue

Tip – How to find your graduation date:

1. Log into your Student Portal

2. Go to Academics>>>Degree Audit



Degree Progress Audit

All courses required to	o complete your program are listed below. Select a column heading to sort your courses by status, letter ;
have questions regard	ding your degree audit, please contact your advisor.



Program Details			
Current Program			
Program Version	Bachelor of Science in Nursing FA19	Campus	Bon Secours M of Nursing
Degree Pursued	Bachelors		
Program Version Comments	Version 1 - beginning Fall 2019		
Enrollment ID	ľ1	Status	Active
Academic Advisor	Maggie Brocklebank	Enroll Date	8/17/2020
Enrollment Cum. GPA	3.47	Start Date	8/17/2020
Overall Cum. GPA	3.47	Exp. Grad Date	12/9/2022

16. Enter term start and end dates then click [Save and continue]

Term da	atos	
* Required field	ates	
Sponsorship fund applying for.	ding is applied to specific terms. Let us know what	t term you are
Term start date *	(mm/dd/yyyy)	
Enter date		
Term end date *	(mm/ddxyyy)	
Enter date		
ous	Tip – Term dates for Fall 22: BSMCON	Save and continue
	• Start - 08/15/2022	
	• End – 12/09/2022	
	SOMI	
	• Start – 08/15/2022	
	• End – 12/09/2022	
	<u>SCHS</u>	
	• Start – 08/29/2022	
	• End - 12/15/2022	

17. Read the Acknowledgement of personal responsibility then check the box

Agreements * Required field	
Acknowledgement of	f personal responsibility
assistance for 100% of tuition a scholarships, up to my annual fu understand that, for capped fun subject to change as my educat time my application was approv	ion is approved that I will be eligible to receive and qualified mandatory fees, less grants and unding limit (some programs are fully funded). I ding programs, my remaining funding amount is ion expenses are processed and may differ from the ved to the time my school submits my bills to Guild ble to pay my school directly for any tuition, books, ployer. *

18. Read the FERPA agreement then check the box

FERPA agreement

I authorize Guild and its subcontractors, my School, and my Employer to share information in connection with my participation in this program. Specifically, Guild may disclose to School and Employer my personal contact information and information related to services I receive from Guild, including information related to financial assistance. School may disclose to Guild and Employer information from my education records ("education records" are records that are directly related to me and maintained by School or by a party acting for School, and may include my academic history, academic progress, and the type and amount of approved financial assistance), and Employer may disclose to Guild and School relevant information related to my employment status and any employer-provided tuition assistance.

I understand that my education records at School may be protected from disclosure without my consent in accordance with the Family Educational Rights and Privacy Act, ("FERPA"). I knowingly authorize School to release information from my education records, including my personal contact information, my academic history, academic progress, and the type and amount of approved financial assistance, to Guild and Employer for the purpose of supporting my enrollment at School and as a participant in my Employer education benefit program administered by Guild.

I agree and authorize Guild Education, Inc., my Employer, and my School to release and exchange education records and other information as outlined in the stated

19. Review your information for accuracy

Education		🖍 Edit
College, university, or school	Expected graduation date	
Bon Secours St. Mary's Hospital School of Medical Imaging	3/5/2023	
Program name	Degree type	
Certificate of Radiologic Technology	Certification	
Term dates		🖌 Edit
Term start date		
5/3/2022		
Term end date		
8/25/2022		
Agreements		/ Edit
✓ FERPA agreement		
FERPA agreement		

20. Read the Certification statement, check the box, then select [Submit]

21. Congratulations your application is complete!



What happens next?

- Guild will review your application and email you with next steps within 2-3 days.
- If <u>approved</u> for the benefit, Guild will email you a **Sponsorship** Letter.
- Sign and date the Sponsorship Letter then email it to your Business Office/Bursar. This is how the college knows you will be using the benefit.
 - o <u>bsr-bursar@bshsi.org</u> (BSMCON/SOMI
 - <u>SCHSBilling@bshsi.org</u> (SCHS)
- If <u>denied</u> for the benefit, please contact HR Associate Services to find out why. Contact them online through HR Service Now or by calling 877-692-7780.