



Wellmont Health System Scholarship Application

Applicant Information

Name:		Phone:	Email:
Current Address:			
City:	State:	ZIP:	
College:	Expected Graduation Date:	GPA:	

Employment Information

Current Employer:			
Employer Address:			How long?
Phone:			
City:	State:	ZIP:	
Position:			

Externship

Hospital:		
Name of Preceptor:		
Please list practice area:		

Interests

Please briefly describe your areas of interest and goals upon graduation

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Instructor References (Please provide two)

Name:	Address:	Phone:

Skills

Please list any experiences, skills or activities that you feel would be helpful.

I authorize the verification of the information provided on this form to be correct.

Signature of Applicant:

Date:

HR Use Only:

Application Complete _____ Check Requested: _____ Agreement Signed: _____

Other:

FOR HR USE ONLY

Starting Date	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt	Interviewed by:	
Position Interviewed for:		<input type="checkbox"/> Full Time	Reason for Rejection:
Department	Cost Center	<input type="checkbox"/> Part Time	<input type="checkbox"/> Candidate not qualified.
Job Title	Position Control Number	<input type="checkbox"/> Registry/PRN	<input type="checkbox"/> More qualified candidate hired.
Starting Salary/Grade		Shift:	<input type="checkbox"/> Candidate did not accept offer.