

Volunteer Service Organization, Inc., of Columbia Regional Hospital
404 Keene Street
Columbia, MO 65201

APPLICATION FOR HEALTHCARE SCHOLARSHIP PROGRAM
(Revised October 14, 2002)

INSTRUCTIONS FOR COMPLETING APPLICATION:

Office Use Only

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| 1. Application is to be completed by applicant. Please type or print clearly. | 1. | _____ |
| 2. Verification of acceptance into an accredited clinical health care program leading to a state licensed examination. | 2. | _____ |
| 3. Two (2) signed letters of recommendation (excluding family members and personal friends) including current address, phone number and e-mail address (if available) of signee. | 3. | _____ |
| 4. One (1) official transcript from each post-secondary school. | 4. | _____ |
| 5. One (1) copy of previous terms/semester's grades. | 5. | _____ |

Applicant's Name _____ Student ID Number _____

Mailing Address _____ Phone _____

City, State, Zip _____

Permanent Address _____ Phone _____

E-Mail Address: _____

Have you previously received a scholarship from the Volunteer Service Organization, Inc., of Columbia Regional Hospital? YES / NO

Date _____ Amount _____

Are you presently employed at Columbia Regional Hospital? YES / NO

All applicants must complete the following if currently employed:

Employer _____ Phone _____

Address _____ Length of Employment _____

City, State, Zip _____

Position Title _____ Avg of Hours per Week _____

Duties _____

Supervisor's Name _____

Supervisor's Title _____ Phone _____

EDUCATIONAL INSTITUTION OF ENROLLMENT

Name of Institution _____

Address _____

City, State, Zip _____

Course of Study _____ Full-Time / Part-Time

Degree Sought _____ Expected date of Graduation _____

Amount of Tuition Per Semester \$ _____

Date Payment Must Be Made _____ Date Term Begins _____

Are you presently receiving any financial educational assistance? YES / NO

If yes, please specify source(s), amount(s), and date(s) received.

Please list all post-secondary degrees you currently hold.

What is your present cumulative GPA? _____

BIOGRAPHICAL INFORMATION

Using a separate sheet of paper, write a **one-page** biographical statement addressing the following: 1) education background; 2) why you are interested in a career in health care; 3) your short-term goals; 4) your long-term goals; 5) why you feel you would be a good candidate for this scholarship. Please attach your answer sheet to this application form.

I authorize the Volunteer Service Organization, Inc., of Columbia Regional Hospital to investigate all statements contained in either the application or the interview process. I release from liability and specifically authorize any entity to make such disclosures to the agents of the Volunteer Service Organization, Inc., of Columbia Regional Hospital in verifying my application. I declare that all information furnished on this application is true to the best of my ability and that any willful misrepresentation shall be sufficient cause for denial of scholarship.

Applicant's Signature _____ Date _____

Mail or hand deliver completed application with attachments to: VSO Health Care Scholarship Program; Columbia Regional Hospital Volunteer Services; 404 Keene Street; Columbia, MO 65201.