



Broaddus Hospital
Where Your Care Counts.

Healthcare Scholarship Program

#1 HealthCare Drive
Philippi, WV 26416

Personal Information

Name: Last	Middle	First
Current Address:		
City:	State	Zip
Phone:	Social Security Number:	
Permanent Address:		
City:	State:	Zip:
Phone:		

Education

<u>School</u> (Include name & Address)	<u>Course of Study</u>	<u>Level Attained</u>	<u>Credits or Diploma/Certificate</u>
<u>High School</u>			
<u>College</u>			
<u>Other</u>			

Employment

<u>Company</u>	<u>Position Held</u>	<u>Salary</u> \$ Per	<u>From/To</u>	<u>Reason for Leaving</u>
<u>Address</u>				
<u>Name of Supervisor</u>			<u>Telephone</u>	
<u>Briefly summarize experience gained, including any special training you received</u>				

<u>Company</u>	<u>Position Held</u>	<u>Salary</u> \$ Per	<u>From/To</u>	<u>Reason for Leaving</u>
<u>Address</u>				
<u>Name of Supervisor</u>			<u>Telephone</u>	
<u>Briefly summarize experience gained, including any special training you received</u>				

<u>Company</u>	<u>Position Held</u>	<u>Salary</u> \$ Per	<u>From/To</u>	<u>Reason for Leaving</u>
<u>Address</u>				
<u>Name of Supervisor</u>			<u>Telephone</u>	
<u>Briefly summarize experience gained, including any special training you received</u>				

Community Service Activities

<u>Activity</u>	<u>Description of Role</u>	<u>Date</u>

Institution Enrollment

What institution of higher learning do you plan on attending?	
What is your intended course of study?	
What is your expected date of graduation?	

Financial Information

What are your expected costs per semester? Please list separately your cost of tuition, books, housing, etc. Please include documentation.	
What are your sources of financial aid? Include scholarships, grants, loans, personal income, etc. Please list amounts and duration you expect sources to last.	

Family

(Please list all family members currently working or retired from Broaddus Hospital)

<u>Name</u>	<u>Department</u>

Personal References

(Do not list former employers or relatives)

<u>Name & Occupation</u>	<u>Complete Mailing Address</u>	<u>Telephone</u>

Please submit two letters of recommendation, at least one of which is from a healthcare provider. (Should be different than personal references listed above)

**PLEASE ATTACH A COPY OF YOUR HIGH SCHOOL
TRANSCRIPT OR CURENT TRANSCRIPT FROM A HIGHER
LEARNING INSTITUTION.
ATTACH ANY DOCUMENTATION YOU BELIEVE
DEMONSTRATES YOUR EDUCATIONAL RECORD OR
ACHIEVEMENTS.**

In 200 words or less, describe your short-term (1-5 years) and long-term (5 + years) career goals. Include why you believe Broaddus hospital should award one of its healthcare scholarships to you.

I authorize investigation of all statements contained in this application. I certify that all of my answers and statements are true. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application. It is understood that acceptance of the program is subject to a satisfactory examination by a physician designated by Broaddus Hospital. I voluntarily give Broaddus Hospital permission to make a thorough investigation of my past employment and all other facts stated above, and release from all liability or responsibility all persons supplying information.

Date _____ Signature _____

It is the policy of Broaddus Hospital to provide equal opportunity to prospective and current students solely on the basis of individual quality and merit without regards to race, religion, age, sex, national origin, or disability, and in full compliance with all federal and state laws.

**Mail completed application to:
Barbour County Community Foundation
304 Brown Ave
Belington, WV 26250**

by _____