



# Wooster Community Hospital

## Senior RN Student Scholarship Program

### DEADLINE • December 30, 2011

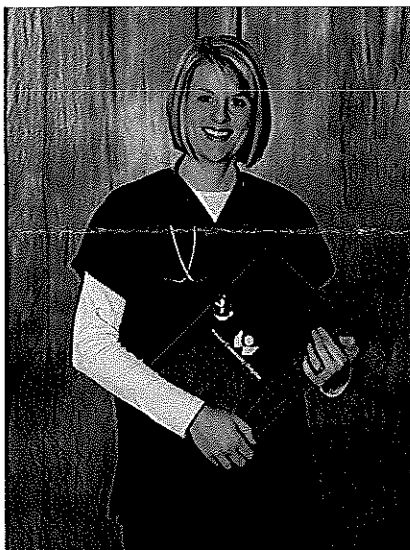
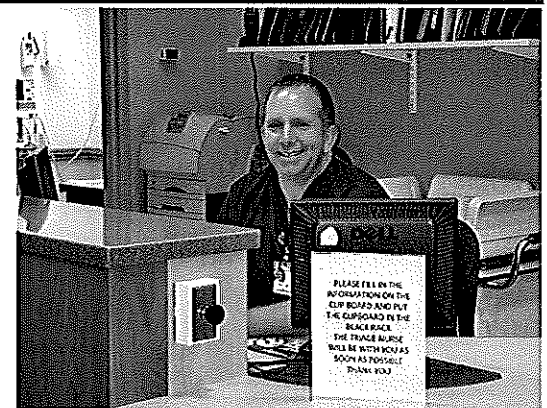
*For BSN students graduating by December 31, 2012*

#### APPLICATION REQUEST

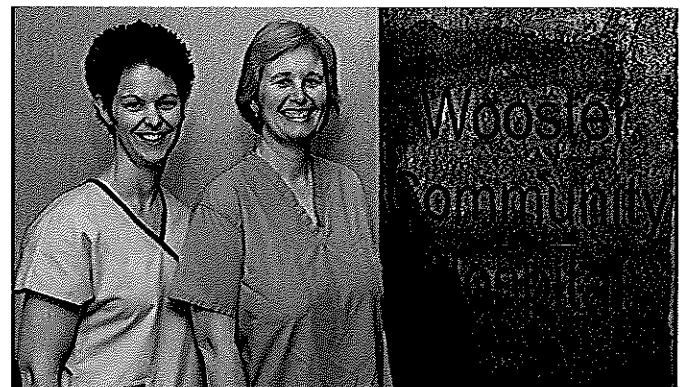
Phone: 330.263.8138

Or online: [www.woosterhospital.org](http://www.woosterhospital.org)

Email: [llightfoot@wchosp.org](mailto:llightfoot@wchosp.org)



Expenses up to \$6,000 for  
Senior Year in return for a  
service commitment  
(\$2,000 = 1 year)



For more information contact:  
Loraine Frank-Lightfoot  
RN, BSN MBA, NEA-BC  
Chief Nursing Officer  
At 330.263.8137

# WOOSTER COMMUNITY HOSPITAL

1761 Beall Avenue Wooster Ohio 44691

*An Equal Opportunity Employer*

## RN STUDENT APPLICATION FOR SCHOLARSHIP PROGRAM

(Please Print)

Last Name	First Name	Middle Initial			
Home Address	Number	Street	City	State	Zip
School Address	Number	Street	City	State	Zip
Telephone Number(s)					
(h)		(c)		(w)	

Have you ever been employed with us before?  Yes  No If yes, give date \_\_\_\_\_

List relative employed by us \_\_\_\_\_

List friends employed by us \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  Yes  No

Have you ever been convicted of a crime, including misdemeanors and traffic violations?  Yes  No

If yes, describe in full \_\_\_\_\_

*Conviction will not necessarily disqualify an applicant.*

If yes, please explain \_\_\_\_\_

## EDUCATION

Name of college you are attending: \_\_\_\_\_

Anticipated date of graduation with a BSN: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<b>1. Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
Address		<b>Hourly Rate/Salary</b>		
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

<b>2. Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
Address		<b>Hourly Rate/Salary</b>		
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

May we contact the employers listed above?     Yes         No    If NOT, indicate which one(s) you do not wish us to contact: \_\_\_\_\_

## ADDITIONAL INFORMATION

Please attach an official transcript and two (2) letters of reference, including one from a faculty member. In addition, please submit a 1-2 page letter expressing your reasons for interest in the scholarship, why you wish to work at WCH, your needs and why you are deserving of this scholarship.

**Return application and reference to:** Loraine Frank-Lightfoot, RN, BSN, MBA, NEA-BC, Director Patient Services, 1761 Beall Avenue, Wooster OH 44691. Phone: 330-263-8138.

**Application deadline is December 30, 2011.**