



Brattleboro Memorial Hospital
EXCEPTIONAL CARE FOR OUR COMMUNITY

2018 Brattleboro Memorial Hospital/Community College of Vermont "College to Career" Scholarship Application

Please Use Ink!
To be completed by the student

Name: _____

Mailing Address _____
Street City/State Zip Code

Phone #: _____

Cell #: _____

E-Mail: _____

High School attended: _____ Graduation Year: _____

College(s) attended: _____ Dates: _____

While previous health care experience is not required for the application to the scholarship program, please describe any health care experience that you may have:

What extracurricular, community, and vocational activities do you participate in?

(Examples: volunteer work, job, caring for siblings or elders, scouting, church, sports, etc.)

REFERENCES

Your application requires three (3) references. These can be from teachers, guidance counselors, volunteer coordinators, employers, or anyone who knows you well – not a family member.

Your application will not be considered without 3 completed references. A Brattleboro Memorial Hospital (BMH) Human Resources representative will reach out to your designated references to seek information.

Reference 1: _____
 Name Title Phone Number E-mail

Reference 2: _____
 Name Title Phone Number E-mail

Reference 3: _____
 Name Title Phone Number E-mail

SCHOLARSHIP APPLICATIONS ARE TIME SENSITIVE AND WILL BE REVIEWED AND AWARDED ON A ROLLING BASIS

**DEADLINE FOR COMPLETED APPLICATION:
July 16th, 2018**

- Upon completion of the application requirements, qualified selected applicants may receive a personal interview with BMH staff. If selected for an interview, you will be contacted to schedule a meeting.
- BMH will seek access to the information provided to you by CCV for details on a criminal background. This information is required for consideration for the BMH Scholarship Program.

All scholarship finalists will be subject to a urine drug screen. This urine drug screen will be completed again at the time of hire.

- At the time of a formal scholarship offer, a student may decline the scholarship with no penalty.

SIGNATURE OF APPLICANT

DATE

Mail Application to: Brattleboro Memorial Hospital
Attn: Jacques Atwood, HR Office Assistant
17 Belmont Avenue
Brattleboro, VT 05301

Internal Use Only

Check-list for completed materials:

- Completed CCV application and CCV sign-off
- Background check
- Signed and completed ‘CCV Authorization for Release of Information to a School or Agency’ form
- Immunization records
- Three completed references
- Completed scholarship application