###

### 2020 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:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*A Program of*

*of Medicine*

**High School attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year**: \_\_\_\_\_\_

**College(s) attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates:\_\_\_\_\_\_\_\_**

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 **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:**

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

 (Examples: volunteer work, community involvement, scouting, church, sports, etc.)

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**ESSAY: Why are you interested in a career in health care?** (Approximate 200 word response)

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***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.***

Reference1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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 17th, 2020**

* 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.

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SIGNATURE OF APPLICANT DATE

Mail Application to: Brattleboro Memorial Hospital

 Attn: Diane Cooke, HR Recruiter

 17 Belmont Avenue

 Brattleboro, VT 05301

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*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