

PERSONAL INFORMATION

**Required Information*

*First Name: _____ MI: _____ *Last Name: _____

*Address: _____

*City: _____ *State: _____ *Zip code: _____

Attach a recent photograph (passport-type)

*Date of Birth: _____

*Social Security Number: _____

*Work/Other Phone: _____

*Cell Phone: _____

*Email Address: _____

Best Way to Contact: _____

Marital Status: Single Married

If married, please give:

Spouse's Full Name: _____

Spouse Social Security Number: _____

Spouse's Place of Employment: _____

Spouse's Position: _____

EMPLOYMENT INFORMATION

Current Position at WellStar West Georgia Medical Center: Full-time Part-time PRN

EMPLOYMENT INFORMATION, CONT.

Direct Supervisor at WellStar West Georgia Medical Center: _____

Attach a letter of reference from your direct supervisor at West Georgia Medical Center.

Are you an employee in good standing at WellStar West Georgia Medical Center? Yes _____ No _____

Attach a letter of reference from a peer at West Georgia Medical Center.

Have you completed all WellStar West Georgia Medical Center continuing education and direct patient care staff requirements (immunizations, TB skin test, etc.)? Yes _____ No _____

EDUCATION

LaGrange College Online Bachelor of Science in Nursing Program

Date you expect to enter the program: _____

Date you expect to complete the program: _____

Attach letter of acceptance from the LaGrange College BSN Program

Attach transcripts from all educational institutions

High School

Name of School: _____

Address: _____

City: _____ State: _____ Zip code: _____

Country: _____ Years Completed: _____

Degree Type: _____ Did you Graduate? Yes _____ No _____

Last Name at Time of Graduation: _____

Associate Degree in Nursing

Required to apply for RN to BSN Online Program Scholarship

Name of School: _____

Address: _____

City: _____ State: _____ Zip code: _____

Country: _____ Did you Graduate? Yes _____ No _____

Degree Type: _____ GPA: _____

EDUCATION, CONT.

Other Undergraduate

Name of School: _____

Address: _____

City: _____ State: _____ Zip code: _____

Country: _____ Did you Graduate? Yes _____ No _____

Major: _____ Degree Type: _____ GPA: _____

Graduate

Name of School: _____

Address: _____

City: _____ State: _____ Zip code: _____

Country: _____ Did you Graduate? Yes _____ No _____

Major: _____ Degree Type: _____ GPA: _____

Technical

Name of School: _____

Address: _____

City: _____ State: _____ Zip code: _____

Country: _____ Did you Graduate? Yes _____ No _____

Major: _____ Degree Type: _____ GPA: _____

Other

Name of School: _____

Address: _____

City: _____ State: _____ Zip code: _____

Country: _____ Did you Graduate? Yes _____ No _____

Major: _____ Degree Type: _____ GPA: _____

EDUCATION, CONT.

Other

Name of School: _____

Address: _____

City: _____ State: _____ Zip code: _____

Country: _____ Did you Graduate? Yes _____ No _____

Major: _____ Degree Type: _____ GPA: _____

FINANCIAL INFORMATION

Scholarship recipients who complete the BSN program will repay the scholarship award by working at WellStar West Georgia Medical Center. However, if the student leaves WellStar West Georgia Medical Center before completing the work requirement, the remaining scholarship award amount, with interest, must be repaid immediately. Students who are dismissed from or drop out of the BSN Program will be obligated to repay, with interest, all amounts paid on his or her behalf under the scholarship award from the date of such payment(s).

Annual Personal Income: _____

Annual Household Income: _____

Current Financial Obligations (*please list*):

Who will share the responsibility for scholarship repayment, if necessary?

Have you been granted or applied for any other educational financial assistance? If so, please list:

PERSONAL ESSAY AND TARGETED QUESTIONS

Response for this section should be a full page in length and must be completed by the applicant.

Personal Essay: Why am I deserving of this scholarship?

PERSONAL ESSAY AND TARGETED QUESTIONS, CONT.

Targeted Questions: Please explain how you have gone "Above and Beyond" in your duties at WellStar West Georgia Medical Center and the ways in which you would like to grow your skills to be more valuable to our organization. The questions below are intended to help you think of specific information to include, but feel free to add any information that might be helpful to the Scholarship Committee.

- What career path brought you to WellStar West Georgia Medical Center?

- What is your proudest achievement at WellStar West Georgia Medical Center?

- Do you have leadership responsibilities? Do you currently supervise other staff?

- In what ways have you helped your department overcome obstacles or improve processes?

- What was your most difficult decision and how did you approach making that decision?

- What are your career goals and where do you see yourself in five years?

- In what ways do you think the BSN degree will make you a better nurse and leader?

- Give an example of a time when you provided excellent service to a patient or resident.

READ AND SIGN

I certify that the above information is true and accurate to the best of my knowledge. Also, I certify that I have read and understand the WellStar West Georgia Medical Center's Registered Nurse to Bachelor of Science in Nursing Online Program Scholarship brochure.

Signature: _____

Date: _____

SUBMISSION DETAILS

Required Attachments to Include in your Application Packet

- Recent Photograph (passport-type)
- Letter of Reference from your direct supervisor at WellStar West Georgia Medical Center
- Letter of Reference from a peer at WellStar West Georgia Medical Center
- Letter of Acceptance from the LaGrange College Nursing School
- Transcripts from all colleges and technical schools

After completing the application, email, mail or deliver a printed, completed application along with the required documents to:

RN-to-BSN Scholarship Committee
WellStar West Georgia Medical Center
Attn: Beth Adamson
1514 Vernon Road • LaGrange, GA 30240
Beth.Adamson@wellstar.org