

## 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: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_

\*Cell Phone: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

Best Way to Contact: \_\_\_\_\_

\*Marital Status:  Single  Married

**\*If married, please give:**

Spouse's Full Name: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_

Spouse's Place of Employment: \_\_\_\_\_

Spouse's Position: \_\_\_\_\_

**\*If single, please provide the following:**

Father's Full Name: \_\_\_\_\_

Father's Social Security Number: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Father's Position: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Mother's Social Security Number: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Mother's Position: \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_

## EDUCATION

Name of college you are presently enrolled in, if applicable:

Name/Address of Nursing Schools you are applying to:

Date you expect to enter Nursing School: \_\_\_\_\_

Expected date of completion: \_\_\_\_\_

Have you been accepted for admission into the Nursing School's program? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please include your letter of acceptance in your application packet.*

## EDUCATION, CONT.

### 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: \_\_\_\_\_

### Associates

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Country: \_\_\_\_\_ Did you Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

Major: \_\_\_\_\_ Degree Type: \_\_\_\_\_ GPA: \_\_\_\_\_

### 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: \_\_\_\_\_

## EDUCATION, CONT.

### 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: \_\_\_\_\_

## FINANCIAL INFORMATION

**\*Please itemize the cost of attending nursing school:**

	First Year	Second Year
Tuition:	_____	_____
Books:	_____	_____
Other: (Itemize)	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Totals:	_____	_____

## FINANCIAL INFORMATION, CONT.

Scholarship recipients who complete the RN program will repay the scholarship award by working at WellStar West Georgia Medical Center 1.5 years for each year of scholarship funding. 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 RN 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).

From what sources do you propose to pay expenses over/above a scholarship award?

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

Annual Personal Income: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

Current Financial Obligations (*please list*):

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

Annual Income of person(s) sharing responsibility: \_\_\_\_\_

List work experience, including part-time:

## REFERENCES

List three references not related to you (personal, professional, instructor). Ask them to submit a letter of reference for you to the George E. Sims, Jr. Scholarship Committee.

### Reference One:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Reference Two:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Reference Three:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Please list extra-curricular activities, honors received and offices held in:**

School:

Community:

Church:

## PERSONAL ESSAY AND TARGETED QUESTIONS

**Personal Essay:** Please explain below your desire to attend a school of nursing and your plans subsequent to graduation. This answer should be written by the applicant. Please include any additional information you feel may be helpful to the Scholarship Committee. *Your response should be a full page in length (1000 words).*



## PERSONAL ESSAY AND TARGETED QUESTIONS, CONT.

### Targeted Questions:

- Please give an example of an accomplishment within the last five years that you are particularly proud of.

- What was the most difficult decision you have made over the past year and how did you approach making that decision?

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

- What value would you bring to this organization?

- Have you ever worked for West Georgia Medical Center? If yes, please list any previous names you may have used during your employment.

- Have you ever been convicted of a criminal offense other than a minor traffic violation? If yes, please give all of the facts regarding your conviction(s).

Please remember this application is a legal document and in order for your application to be considered, the applicant should disclose ALL criminal background history (to include nolo's, DUI's and any and all other convictions). Falsification or omission of this information may prevent your application from being considered.

Yes  No  Are you currently excluded, disbarred, suspended or otherwise ineligible to participate in any federally founded health care program including Medicare or Medicaid?

Yes  No  Do you have any unresolved criminal charges pending?

Yes  No  Are you charged with a crime that has not yet resulted in a plea of guilty, no contest, court trial, deferred adjudication or dropping of the charge?

If yes, please explain fully:

Yes  No  Will you be willing to take a pre-employment physical?

Yes  No  Will you be willing to take a pre-employment drug-screening test?

## READ AND SIGN

I certify that the above information is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SUBMISSION DETAILS

### Required Attachments to Include in your Application Packet

- Recent Photograph (passport-type)
- Three (3) Letters of Reference
- Letter of Acceptance into nursing school
- Transcripts from all high schools, colleges and technical schools along with your TEAS score

### Mailing Instructions

You may email, mail or deliver a completed application, along with the required documents to:

email: Beth.Adamson@wellstar.org  
GEORGE E. SIMS, JR. NURSING SCHOLARSHIP COMMITTEE  
c/o WellStar West Georgia Medical Center  
Attn: Beth Adamson  
1514 Vernon Road • LaGrange, GA 30240