

EMPLOYMENT HISTORY

Please list your most current position first and work back.

COMPANY NAME / ADDRESS	DATES OF EMPLOYMENT	POSTIONS HELD / DUTIES OF YOUR JOB	REASON FOR LEAVING (MUST BE COMPLETED)
	FROM:		
	TO:		
	NAME APPEARING ON FORMER EMPLOYER'S RECORDS		
May we contact for a reference? Yes / No			
Telephone Number	SUPERVISOR'S NAME		
COMPANY NAME / ADDRESS	DATES OF EMPLOYMENT	POSTIONS HELD / DUTIES OF YOUR JOB	REASON FOR LEAVING (MUST BE COMPLETED)
	FROM:		
	TO:		
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	FROM:		
	TO:		
	NAME APPEARING ON FORMER EMPLOYER'S RECORDS		
May we contact for a reference? Yes / No			
Telephone Number	SUPERVISOR'S NAME		

EDUCATION

IMPORTANT: Please submit an original official transcript for each academic institution attended. Transcripts must be received with the application, before the February 28th deadline.

High School Attended and Location				Graduation Date
College/University Attended	Dates Attended	Hours	Graduation Date	Degree Earned
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If additional space is needed, please attach a separate sheet

ENROLLMENT

Please provide an acceptance letter from the school that you are going to be attending for secondary education. If your acceptance letter does not arrive before our deadline, please provide it within the following month.

Name of Institution	Address	Tuition – Semester/Year \$ _____ Term _____	Academic Fees – Semester/Year \$ _____ Term _____
Name of Contact Person		Title of Contact Person	Telephone
Academic Year Applied For	Student's Current Year in the Program	Program Start Date	Projected Graduation Date

EDUCATIONAL OBJECTIVE

What certification or licensure will you be eligible for upon completion of this program? _____

How did you become interested in our Scholarship? _____

Why do you seek a scholarship from Ozarks Community Health Center? _____

Please state any other information that you believe would be helpful to the Scholarship Selection Committee (include extracurricular activities, hobbies, awards, honors, volunteer activities, etc). _____

PERSONAL STATEMENT

Please include, in your application, a personal statement describing your commitment to provide healthcare in Missouri. This statement should not exceed one single-spaced typewritten page. The personal statement should reflect your personal reason(s) for choosing health care as a profession, including your professional goals. Enclose the original personal statement and one copy with the completed application.

REFERENCES

You will also need to have three references completed to turn in with your application. The back page is an example of what we would like for them to fill out. Please make copies of this back page and give to the references of your choice. They will need to submit the form to you in a sealed envelope, with the envelope flap signed by the reference. You will need to submit these references with your application to be considered for this scholarship.

APPLICATION CHECKLIST

COMPLETE	COMPONENTS
NOTE: All documents submitted must be original. Faxed or e-mailed documents will not be accepted.	
	All sections of the application completed
	● enrollment section completed and signed by a school representative
	● application signed and dated
	Personal statement enclosed reflecting personal reason(s) for choosing health care as a profession
	Three reference forms enclosed in sealed envelopes, with the envelope flap signed by the reference
	Original high school transcript
	Original post-secondary transcript(s) enclosed, if applicable
It is the applicant's responsibility to ensure all components of Scholarship Application are complete. This checklist is provided to assist the applicant. Failure to submit a complete application may result in the application being deemed ineligible or in a reduction of points when scored.	
By signing in the boxes below, you are stating that: I certify that I have read the foregoing application, which I understand the questions, which the answers given are true and authorized investigation of all statements contained in this application. I understand that a materially false answer will disqualify me from consideration for a scholarship from Ozarks Community Health Center. I release Ozarks Community Health Center, its agents and employees from any liability resulting from such investigation, and I authorize investigation of all statements contained in this application.	
Printed Name of Applicant	Applicant Signature
Date	

Name of Applicant _____

SUMMARY SHEET TO BE COMPLETED BY THE REFERENCE

Please complete this form as accurate and honestly as possible. After you have completed this form, place the completed recommendation in an envelope, seal and sign your name across the seal of the envelope. Return this envelope to the applicant. The applicant will return the sealed envelope with his or her application by the February 28th deadline.

How well do you know this applicant? Very Well Fairly Well Minimally Unknown

How long have you known the applicant?

Identify the association you have had with the applicant. Check all that apply.

Instructor Employer/Supervisor Friend Community Organization Academic Advisor Other

Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below.

Skill	Exceptional	Above Average	Average	Below Average	Not Able to Respond
Decision-making ability					
Organizational skills					
Communication skills: Written/Oral					
Adaptability to stress					
Positive attitude					
Integrity					
Interpersonal sensitivity					
Leadership ability					

In addition to the ratings, please give your evaluation of the applicant. It is important that you complete this section. You may want to indicate your perceptions of the applicant's strengths and limitations.

My recommendation is: Highly recommend Recommend Do not recommend

Signature of Person Making Recommendation

Date

Printed Name

Business and Position (if applicable)

Address

Work Telephone Number

Home Telephone Number