

# GAH Educational Sponsorship Program Application



Take the next step in your education and career with GAH!

All blanks must be completed. Use NA where not applicable.

1. Full Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

3. Present Address: \_\_\_\_\_

Street

City

Zip Code

4. Permanent Address: \_\_\_\_\_

Street

City

Zip Code

5. Phone Number: \_\_\_\_\_

6. Marital Status: \_\_\_\_\_

7. Spouses Name: \_\_\_\_\_

8. Dependents (age & relationship): \_\_\_\_\_

## Educational Information

9. What is your professional goal? \_\_\_\_\_

10. What school will you attend? \_\_\_\_\_

Have you been accepted into a program of study? \_\_\_\_\_

If so, what program? \_\_\_\_\_

Estimated program cost? \_\_\_\_\_

Full or Part-time? \_\_\_\_\_

Expected completion date? \_\_\_\_\_

11. List in Chronological order all schools attended starting with High School, including addresses and degrees/diplomas earned.

**School Name**

**Address**

**Degree**

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12. What honors (academic or otherwise) have you received and when?

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13. In what health or science related fields or activities have you been involved, for recreation, as a volunteer, or as an employee?

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**14. List all jobs you have held in the last 5 years (dates, employer, type of work, employment status).**

**Employer**

**Duty**

**Dates**

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**15. List any other financial assistance you may receive for your education.**

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**Provide a short personal profile stating why you are interested in this field of study, how you became interested in healthcare, why you will succeed in your chosen career, and finally, why you are choosing GAH to collaborate with in your career path. (Please attach a separate document, no more than one page in length).**

**Please provide two letters of reference, one personal and one professional. (From previous employer, teacher, or counselor).**

- I have read and understand the requirements and qualifications for the GAH Educational Sponsorship Program.
- I acknowledge that receiving a GAH scholarship involves a two-year commitment after completion of my program.

I hereby consent to the release of any information in connection with the foregoing that in the sole judgement of the GAH Educational Sponsorship Program Committee may be of assistance in evaluating scholarship applications. I hereby waive any confidentiality with respect to such information insofar as the GAH Educational Sponsorship Committee is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose.

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**Full Name**

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**Date**

**Return completed applications via email to Ty Royal, Sr. Executive Director of Human Resources at: [ty\\_royal@gibsonhospital.org](mailto:ty_royal@gibsonhospital.org)**