



## **BOTHWELL'S SFCC –SEDALIA RN 2<sup>nd</sup> Year APPLICATION**

### **Eligibility requirements:**

- Applicant must be a permanent resident of Pettis or adjacent counties.
- Applicant must apply to State Fair Community College and be accepted into the Associate Degree Nursing Program

### **Scholarship Parameters:**

- If selected, scholarship recipients will be required to sign the attached contractual agreement stipulating that he/she will work at Bothwell Regional Health Center for an agreed-upon two years. If the recipient does not fulfill the work agreement or does not successfully obtain a Missouri licensure, he or she will be required to repay the scholarship funds within an agreed-upon time after completion of the program.

### **Application Procedure:**

Complete the attached application and return it to the Human Resources Office, Nursing Director, or Nursing Recruiter.

Are you currently an employee/staff member of BRHC? Yes No  
If not, would you be willing to sign an employment agreement with BRHC? Yes No

**Personal:**

Please type or print:

Name: \_\_\_\_\_  
Last name First Middle

Permanent Address: \_\_\_\_\_  
City State Zip

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Finances:**

Financial Expenses: Anticipated education related expenses during the period of schooling:

Tuition and fees \_\_\_\_\_  
Books and supplies \_\_\_\_\_  
Transportation \_\_\_\_\_  
Other (explain) \_\_\_\_\_  
Total Educational Expenses \_\_\_\_\_

How do you currently plan to pay for your education program? \_\_\_\_\_

**Educational Background**

Please list all schools you have attended and the degrees/certificates/diploma you have received. (Include high school, college(s), business/technical, and trade schools).

Name of School	Location	Field of Study	Degree	Date of Completion

**References:**

Please include two letters of recommendation with your application. References may be from former teachers, school officials, employers, neighbors, friends, or individuals not related to you.

If being referred by a BRHC employee/staff member, what is his/her name? \_\_\_\_\_

**Required Essay:**

On an attached sheet write/type a statement (350 words or less) answering the question: "What moment did you decide you wanted to be in Nursing field, and why?" In addition, please include any career goals you have, and what you would consider a success in your career.

*I certify that to the best of my knowledge the information contained in this application is true and correct. I understand this application will not be considered for review unless it is signed and dated.*

---

Signature

Date