

Genie Perry Scholarship
Community Hospital- Fairfax
 405 E. Main St.; P.O. BOX 107
 FAIRFAX, MISSOURI 64446
 ATTN: Rhonda Evans

FALL SEMESTER 2010

Community Hospital, Fairfax Nursing Staff and North Central Missouri College Education Staff invite you to apply for their Genie Perry Scholarship Program. This Program provides assistance with your healthcare education at North Central Missouri College Practical Nursing Program at Maryville. The following information explains the guidelines of the healthcare education scholarship program and how to apply.

<i>Who is Eligible?</i>	Students currently accepted in the 2010 Practical Nursing Program.
	<u>Criteria for selection will include:</u>
	<ul style="list-style-type: none"> • Need of assistance amongst candidates.
<i>Amount of Scholarship</i>	<p>The amount of the Scholarship awarded is \$250.00 per year. Scholarship monies can be used for any of the following: (Please check the appropriate box according to your needs)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Educational tuition <input type="checkbox"/> Travel stipends <input type="checkbox"/> Child care
<i>How to Apply?</i>	<p>Applications are available at the Community Hospital and at the North Central Missouri College Maryville campus nursing office. The completed application must be returned to the above address. Late or incomplete Scholarship Applications will not be considered.</p>

4. On a separate piece of paper discuss: a) Your career goals, and b) What you expect to contribute to your chosen healthcare field.

5. Please provide your work history, listing your most current employer first.

1) Employer	FROM	TO	Duties Performed
	Mo / Yr.	Mo / Yr	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address	Starting Salary- Hourly	Ending Salary-Hourly	
Telephone Numbers	Work Status		
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN/OC		
Job Title	Reason for Leaving		
Supervisor Name & Title	Eligible for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Notice Given <input type="checkbox"/> Yes <input type="checkbox"/> No		

2) Employer	FROM	TO	Duties Performed
	Mo / Yr.	Mo / Yr	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address	Starting Salary- Hourly	Ending Salary-Hourly	
Telephone Numbers	Work Status		
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN/OC		
Job Title	Reason for Leaving		
Supervisor Name & Title	Eligible for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Notice Given <input type="checkbox"/> Yes <input type="checkbox"/> No		

3) Employer	FROM	TO	Duties Performed
	Mo / Yr.	Mo / Yr	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Address	Starting Salary- Hourly	Ending Salary-Hourly	
Telephone Numbers	Work Status		
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN/OC		
Job Title	Reason for Leaving		
Supervisor Name & Title	Eligible for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Notice Given <input type="checkbox"/> Yes <input type="checkbox"/> No		

6. Attach two letters of recommendation one education related and one personal (non-relative).
7. MUST attach a letter of acceptance in to a healthcare educational program.
8. Would you be interested in coming to work at Community Hospital after completion of your schooling?
9. Please list any volunteer or community service activities.

Signature

Date

***Return application to Community Hospital ABSOLUTELY no later than July 01, 2009.**