HARRIS REGIONAL HOSPITAL SWAIN COMMUNITY HOSPITAL

ASCENT PARTNERSHIP - Application

Thank you for providing general information to be considered in the selection process for The Ascent Partnership full tuition support program for identified Nurse Practitioner students at Western Carolina University (summary of criteria below). The application is intended to cover a brief personal, educational and work-related history.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY NUMBER
			Xxx- xx -

ADDRESS [STREET OR PO BOX]	CITY	STATE	ZIP CODE	

HOME PHONE	CELL PHONE	EMAIL ADDRESS	

EDUCATIONAL BACKGROUND

	ADDRESS [CITY, STATE, COUNTRY IF NOT US]	START DATE [M/Y]	END DATE [M/Y]	GRADUATED?	DEGREE OR LAST GRADE ATTENDED
COLLEGE				YES ◉ NO ◯	
COLLEGE				YES ◉ NO ◯	
ARE YOU CURRRENTLY ENROLLED IN A PROGRAM? If so, what program?				YES ◯ NO ◯	

SKILLS/EXPERIENCE

LICENSURES/CERTIFICATIONS

	NUMBER	STATE	ISSUE DATE	EXPIRATION DATE	TEMPORARY?	PERMANENT?
LICENSE						
LICENSE						

HAVE YOU EVER HAD ANY ACTION TAKEN AGAINST YOUR PROFESSIONAL LICENSE? ◉ YES ◯ NO

IF YES, EXPLAIN:

WORK HISTORY

EMPLOYER'S NAME	ADDRESS [STREET / PO BOX]	CITY	ZIP CODE	EMPLOYER'S PHONE NUMBER

JOB TITLE	SUPERVISOR'S NAME:	MAY WE CONTACT?
		◉ YES ◯ NO

START DATE [MM\YY]	END DATE [MM/YY]	MAJOR JOB DUTIES
STARTING SALARY	ENDING SALARY	
REASON FOR LEAVING		

EMPLOYER'S NAME	ADDRESS [STREET / PO BOX]	CITY	ZIP CODE	EMPLOYER'S PHONE NUMBER

JOB TITLE	SUPERVISOR'S NAME:	MAY WE CONTACT?
		◉ YES ◯ NO

START DATE [MM\YY]	END DATE [MM/YY]	MAJOR JOB DUTIES
STARTING SALARY	ENDING SALARY	
REASON FOR LEAVING		

REFERENCES

NAME	PHONE NUMBER	ADDRESS	RELATIONSHIP

ACKNOWLEDGEMENT

Full tuition support awards will be granted to individuals in exchange for a minimum three-year commitment to working at Harris Regional Hospital, Swain Community Hospital or one of the physician practices or outpatient locations affiliated with the hospitals. Commitment will be signified by promissory note signature. Selection will be made based on the following criteria:

- Confirmed and verified acceptance to the Nurse Practitioner program at WCU
- Consistent good academic and behavioral standing throughout program
- Preference will be given to residents of Jackson, Swain, Graham or Macon counties.
- Preference will be given to qualifying staff members of Harris Regional Hospital and Swain Community Hospital
- Two letters of recommendation with one from a health care professional
- Participation in a panel interview

SIGNATURE	DATE

CLICK ON THE LOGO TO SUBMIT YOUR APPLICATION

THE ASCENT PARTNERSHIP

Western Carolina University

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