

Thank you for providing general information to be considered in the selection process for full tuition support for the nurse aide program at Southwestern Community College. 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 <input type="radio"/> NO <input type="radio"/>	
COLLEGE					YES <input type="radio"/> NO <input type="radio"/>	
ARE YOU CURRENTLY ENROLLED IN A PROGRAM? If so, what program?					YES <input type="radio"/> NO <input type="radio"/>	
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? <input type="radio"/> YES <input type="radio"/> 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? <input type="radio"/> YES <input type="radio"/> 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? <input type="radio"/> YES <input type="radio"/> 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 one-year minimum commitment to working as an employee at Harris Regional Hospital, Swain Community Hospital or one of the physician practices or outpatient locations owned and employed by the hospitals. Commitment will be signified by promissory note signature. Selection will be made based on the following criteria:

- 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 former or current employer or teacher and one from a personal character reference
- Participation in a panel interview

**SIGNATURE****DATE**

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