



MediCorp Health System

APPLICATION FOR EDUCATIONAL LOAN PROGRAM

sponsored by MWH Foundation and MWH Auxiliary

Please type or print clearly.

1. Name of Applicant: _____
Last First Middle

2. Social Security No.: _____

3. Home Address: _____

City State Zip Code

4. Telephone: _____
(home) (work) (mobile)

5. Degree/Licensure you currently have: _____

6. Are you eligible for employment in the United States? Yes _____ No _____

7. Have you ever been convicted of any criminal violation of law, or are you now under pending investigation or charges of violation of criminal law? Yes _____ No _____

If yes, please explain: _____

8. Have you ever been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct-based or performance-based actions? Yes _____ No _____

9. Are you currently employed within the MediCorp Health System? Yes _____ No _____

10. Have you ever been employed by the MediCorp Health System? Yes _____ No _____

If yes, give department name, department director name and phone number, and date of employment:

Department Department Director Name & Phone Number

Date of employment: ____/____/____

Date tuition is due: ____/____/____

Note: The program selection committee reserves the right to seek reference from respective MediCorp management or human resources personnel regarding your employment status or eligibility for rehires.

In signing this document, I understand that copies of this application will become part of my permanent employee record if I am awarded funding. I hereby attest to all information provided on this form to be true and accurate.

Applicant's Signature: _____

Date: ____/____/____



MediCorp Health System

EDUCATIONAL LOAN PROGRAM

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Our Mission: MediCorp Health System exists to improve the health status of all people within our community. The Educational Loan Program is one way Mary Washington Hospital Foundation and Mary Washington Hospital Auxiliary are working to make important contributions to the health of our community.

MHS HEALTH CAREER EDUCATIONAL LOAN PROGRAM INFORMATION:

- Open to rising seniors
- Must be in good standing attending an accredited BSN, CRNA, PT, OT, radiology tech, med tech, or pharmacist program
- Applications are now being accepted
- Funding awarded prior to applicant's senior year
- Acceptance of funding requires two-year work commitment to MediCorp Health System

GERMANNA COMMUNITY NURSING FUNDING PROGRAM:

- Must be enrolled in the Associate Degree Nursing program at Germanna Community College
- Must be scheduled to graduate within 12 months of application

How to Apply:

Please submit the following items to:

Elyias Siddiqi

MediCorp Health System

2300 Fall Hill Avenue, Suite 207

Fredericksburg, VA 22401

- Résumé
- Complete scholarship application packet
- Current transcript (minimum of 2.75 GPA in profession courses)
- Two clinical letters of reference
- Statement of goals (why you chose your particular healthcare profession)
- Top clinical area/s of interest (max of 3)
- Copy of current CPR



MediCorp Health System

EDUCATIONAL LOAN PROGRAM PACKET

sponsored by MWH Foundation and MWH Auxiliary

College/University/School: _____

Address: _____

Degree/Course of Study: _____

Expected Date of Graduation (Month/Year) _____

Most Recent Cumulative Grade Point Average: _____

Please return this page along with the following items to:

Elyias Siddiqi
MediCorp Health System
2300 Fall Hill Avenue, Suite 207
Fredericksburg, VA 22401

***ALL ITEMS ARE REQUIRED BY THE APPROPRIATE DEADLINE:**

(The application can only be processed once all required documentation has been received by the Educational Loan Program team)

- An essay explaining personal, educational, and career goals, and pertinent background information and experience as it relates to field of study. Note: Please describe any previous work experiences pertaining to health care you have had that would enhance your qualifications to receive the scholarship or make a greater impact in your employment as a healthcare provider with MediCorp Health System.
- Funding application
- Official transcript
- Letter confirming acceptance/enrollment in school program
- One recommendation from a current or past employer. *(Please use the Academic/Work Recommendation form provided and make copies if you would like to submit more than one reference.)*
- One recommendation from a clinical preceptor/instructor. *(Please use the Clinical Recommendation form provided and make copies if you would like to submit more than one reference.)*

Applications are now being accepted.



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Academic/Work Recommendation Form

Applicant's Name: _____

You have been asked to provide information concerning the above applicant for consideration for a MHS Health Career Scholarship. Please return directly to:

Elyias Siddiqi
MediCorp Health System
2300 Fall Hill Avenue, Suite 207
Fredericksburg, VA 22401

1. In what capacity have you known the applicant? _____

2. How long have you known the applicant? _____

3. How well do you know the applicant? ___ very well ___ fairly well ___ limited contact

4. Please rate the applicant from 1 to 4 on the following items: Circle appropriate number for each
(1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree)

- a. Based on the applicant's ability and capabilities, he/she has made
a wise and realistic choice for a professional health care career..... 1 2 3 4
- b. Applicant exhibits a strong commitment to his/her education and/or career goals... 1 2 3 4
- c. Achievement records reflect his/her ability..... 1 2 3 4
- d. Evidences a capacity for coping with academic/work requirements..... 1 2 3 4
- e. Applicant's attitude will be an asset to his/her educational and career plans..... 1 2 3 4
- f. Applicant is reliable..... 1 2 3 4
- g. Applicant is honest/has integrity..... 1 2 3 4
- h. Applicant takes initiative..... 1 2 3 4
- i. Your personal expectation of applicant's academic success..... 1 2 3 4

5. Circumstances or factors that you feel warrant special attention or other notes you would like to add:

Evaluator's Signature

Title

Address

Date

Phone Number



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Clinical Instructor/Preceptor Recommendation Form

Applicant's Name: _____

You have been asked to provide information concerning the above applicant for consideration for a MHS Health Career Scholarship. Please return directly to:

Elyias Siddiqi
MediCorp Health System
2300 Fall Hill Avenue, Suite 207
Fredericksburg, VA 22401

Please verify: Clinical Level: _____ Semester/Year in School: _____

Please rate the individual by checking the appropriate space:		Superior	Above Average	Average	Below Average	Unsatisfactory
1.	Clinical skills					
2.	Work quality					
3.	Ability to get along with patients					
4.	Reliability					
5.	Ability to work with preceptor & other staff on units					
6.	Attitude					
7.	Ability to learn "on the job" within clinical setting					
8.	Flexibility with new situations					
9.	Organization					
10.	Honesty/Integrity					

Circumstances or factors that you feel warrant special attention or other notes you would like to add:

Evaluator's Signature

Title & Course

Address

Date

Phone Number