



Scholarship Loan Agreement

In pursuing this scholarship, please understand that you are agreeing to:

- Complete at least 24 hours per month of paid work hours in the hospital after completion of your first semester. For example, nursing students are usually placed as care assistants or multi-care technicians determined by their level of experience. This is not applicable to employees of EAMC who are currently in other positions.
- Provide accurate educational status to Health Resource Center per academic period. Grades must be a "C" average or greater per semester and there can be no failures or "D"s" in course grades. Only required courses for the completion of the degree set out in the contract are allowed. If grade requirements are not met, the scholarship may be revoked.
- Communicate graduation dates **one** semester prior to graduation for placement arrangements to be made on clinical units. Nursing Administration reserves the right to place nursing scholarship students, during the work-off period, in areas of critical staffing need.
- After graduation, complete a work-off period related to the amount of money loaned as outlined in your contract.
- Maintain expected scholarship behavior that does not engage in practices that are considered fraudulent, such as alteration of grade reports, discrepancies in reimbursement, taking courses that are not required, etc.
- Employees of East Alabama Medical Center must maintain an acceptable performance appraisal.

SCHOLARSHIP LOAN AWARD PROGRAM INSTRUCTIONS

Spring/Fall Semester

Thank you for your interest in the East Alabama Medical Center Scholarship Loan program. Please read the following instructions carefully to ensure proper processing of your application. Applications may be disqualified if the following instructions are not followed and complete.

Scholarship Loan Program Application

1. Complete ALL information on the official Scholarship application. The same application is used for both current employees and external candidates. Type or print all information (handwritten cursive applications will be disqualified). No partial applications will be accepted.

Employment Application

2. Current employees of EAMC do not have to complete this form.

Institution Contact Form

3. Must be completed by your academic advisor from the college at which you are attending or plan to attend. If you are applying to multiple schools, please include signed forms from each school.

Manager Referral Form

4. This form is used ONLY if you are a current EAMC employee. This must be completed by your current Manager or Supervisor and signed by your Vice President. Your manager will forward this letter to the Health Resource Center.

Letters of Reference

5. (a) If you are not an EAMC employee - you must submit a professional letter of reference from your most recent employer. If you have no previous employment, you may use a personal reference.
(b) ALL applicants must also submit a personal letter of reference from someone who can attest to his/her character (NOT a relative).

Resume

6. Submit a current, typed resume. Include work/school history.

Essay

7. Include an essay describing your motivation, need (financial or otherwise), leadership, and academic accomplishments. Describe special talents and creative or challenging activities that you have initiated or obstacles you have overcome to achieve your goals. Essay must be typed, on one-side of one page with your name, and full address in a single line across the top of the page. Essays should be no longer than one page double-spaced. Font size must be 10-12 point.

Authorization for Release of Financial Information Form

8. Complete this form along with your signature. Your application will not be complete unless this form is signed.

Transcripts

9. Transcripts must be requested from all universities attended. These are sent directly to Health Resource Center c/o Scholarship Committee, 2000 Pepperell, Parkway, Opelika, Alabama 36801. If you have never attended college courses, or are a recent graduate of high school, send high school transcripts directly to the Health Resource Center.

Program of Study

10. Include the program of study and/or curriculum of your major course of study (this is the list of all required courses). On the program of study and/or curriculum, please indicate courses previously completed.

Acceptance Letter

11. Enclose the acceptance letter for the professional phase of your program. If you have not been accepted, explain the status of your application. There are some programs that do not require acceptance, and therefore require no such letter of verification.

Interviews

12. If your application is accepted, candidates will be notified by telephone or letter of their interview date and time.

Application Deadlines

Spring/Summer Semester - 1st Friday of October (no later than 4:30pm)

Fall Semester - 1st Friday of May (no later than 4:30pm)

Please return applications to the Health Resource Center. Only completed application packets will be eligible for consideration at that time. The process once your application is received:

- (1) application is reviewed by committee
- (2) career battery assessment
- (3) selection/notification of candidates for extensive interview (two hour interview process)
- (4) candidate selection by committee
- (5) notification of results, acceptance/denials, via letter
- (6) contract signing

**East Alabama Medical Center
Scholarship Loan Program
Application**

Personal Information

Name:

Last First Middle Date

Street City State Zip Code

Social Security Number Marital Status

Home Phone Cell Phone Email

If married, name of spouse Spouse's place of employment

Spouse's position Address of spouse's employer

Parent or guardian's name (if under 18 yrs. of age) Street address City State Zip Code

Academic Information

High School Attended City State Zip Code

HS Graduate? Yes _____ No _____ Date of graduation or completion _____

GED? Yes _____ No _____

Colleges Attended:/Degree Address

GPA _____ Graduate? Yes ___ No ___

GPA _____ Graduate? Yes ___ No ___

Other Schools Attended:

Program/Degree applying for: _____

Name of school: _____

Address: _____

I am requesting a scholarship for _____
Semester Year

Expected graduation date: (Semester/Year) _____

**East Alabama Medical Center
Scholarship Loan Program
Application**

Scholarship Information

Are you receiving other financial aid? Yes _____ No _____

If yes, what type? _____

Have you ever received a scholarship from EAMC? Yes _____ No _____

Are you currently employed @EAMC? Yes _____ No _____

Have you ever been employed with EAMC? Yes _____ No _____

If Yes, _____
Position Department

If No, _____
Employer Address

Position Department

Please explain why a scholarship is necessary for you to attend school: _____

Career goals after obtaining training/degree: _____

Reference Information

List three (3) references, other than relatives. These should include one instructor, if you have had a clinical course, employer, if you are working or have worked; and one other.

Name	Title	Address	Telephone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Note: You must provide official copies of all College/High School transcripts. These should be mailed directly to the Medical Center from the registrar's office of each school. Mail to the EAMC Health Resource Center c/o of Scholarship Committee, 2000 Pepperell Pkwy, Opelika, AL 36801. This program offers equal opportunity to students regardless of race, creed, color, sex, age, religion, or national origin.

EMPLOYMENT APPLICATION



To Applicant: East Alabama Medical Center does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, ancestry, disability or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. We appreciate your interest in our organization and assure you we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. Application for employment will not be considered unless fully completed.



**TO OUR PATIENTS, PHYSICIANS,
COMMUNITY & EMPLOYEES**

NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NO.
Any other name, such as nicknames, maiden name, or assumed name, needed to verify the contents of this application.			HOME PHONE ()
ADDRESS (Number and Street)			ALTERNATE PHONE ()
CITY, STATE, AND ZIP CODE			
POSITION DESIRED 1st Choice		2nd Choice	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Other	What Shift?	Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Part-Time		<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Second <input type="checkbox"/> Any	Reason for leaving _____ _____
When are you available for work? _____			

EDUCATION

Check the highest level or equivalent completed:

<input type="checkbox"/> G.E.D. Date _____	High School <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 10 11 12	College / Tech <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	Are you currently a student? Yes <input type="checkbox"/> No <input type="checkbox"/>
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College	No. Years Completed	Degree or Diploma	GPA or Class Rank	Major	Minor

How were you referred to us?	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Hospital Employee (Name): _____
	<input type="checkbox"/> On my own	<input type="checkbox"/> Other _____
	<input type="checkbox"/> School	<input type="checkbox"/> Web Site _____
Name of Relative(s) in the employment of East Alabama Medical Center:		
1. _____	relationship _____	
2. _____	relationship _____	
If you are applying for a job that requires clerical skills, answer the following: _____ typing wpm		
Please list the software you are skilled in: _____ _____		

PROFESSIONAL REGISTRATION, LICENSES, OR ACCREDITATION

Type	State	Registration Number	Expiration Date
Type	State	Registration Number	Expiration Date

IN CASE OF EMERGENCY, NOTIFY:

Name	Home Telephone Number ()
Name	Home ()

EMPLOYMENT HISTORY - List entire employment history, including military experience, starting with your present employer. For any unemployment or self-employed periods show dates and location. (Attach additional sheets if necessary.)

Company Name: _____ Address: _____ City / State / Zip: _____ Phone #: _____	Job: _____ Supervisors name: _____ Dates Employed From: _____ TO: _____	Last Pay Rate: _____ Reason for Leaving: _____ _____
Company Name: _____ Address: _____ City / State / Zip: _____ Phone #: _____	Job: _____ Supervisors name: _____ Dates Employed From: _____ TO: _____	Last Pay Rate: _____ Reason for Leaving: _____ _____
Company Name: _____ Address: _____ City / State / Zip: _____ Phone #: _____	Job: _____ Supervisors name: _____ Dates Employed From: _____ TO: _____	Last Pay Rate: _____ Reason for Leaving: _____ _____

(May we contact your present employer at this time? Yes No Past Employers? Yes No)
Have you ever been convicted of a felony? Yes No If yes, please state when, where, and nature of conviction: _____

PERSONAL REFERENCES (Please do not include relatives)

Name	Street Address, City, State, Zip Code
Telephone Number ()	Occupation
Name	Street Address, City, State, Zip Code
Telephone Number ()	Occupation

STATEMENT OF UNDERSTANDING

I understand that any offer of employment is conditioned on the successful completion of a test for drug/alcohol abuse and may be conditioned upon the successful completion of a physical examination and I will upon request, sign all necessary consent forms so that the Medical Center may complete its examination of my physical condition for the purpose of determining my ability to perform the essential functions of the job for which I am making application. Failure to sign the necessary consent forms will be deemed a withdrawal of my application for employment. I understand that the use of this application form does not indicate there are any positions open and does not in any way obligate the Medical Center. I certify that all information given on this application is true and correct to the best of my knowledge, without consequential significant omissions of any kind whatsoever. I understand East Alabama Medical Center will conduct a thorough inquiry of my personal character to verify data provided herein, and I agree to release from liability any person giving or receiving information in connection with this inquiry. I further understand that any falsification of information given in this application or any consequential or significant omissions there from, will be considered sufficient cause for either refusal to hire or immediate discharge from the Medical Center at any time during my employment. In consideration of my potential employment, I agree to conform to the rules of the Medical Center. I understand that if I am employed, I have the right to terminate my employment at any time with or without notice, with or without cause and the Medical Center has a similar right. I understand that my employment by the Medical Center does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I understand that I may be required to work scheduled or unscheduled overtime and scheduled weekend and holiday work when required by the Medical Center. I understand that no one other than the Administrator of the Medical Center has the authority to make any other agreement. I also understand that, if selected, I will be required to present verification that authorized me to work in the United States within three (3) business days of hire. Such requirement adheres to the Immigration Reform and Control Act of 1986. I understand I may serve a three (3) month probationary period. I will inform East Alabama Medical Center prior to the examination for drug/alcohol abuse of any prescription drugs that I am currently taking. If the test should prove positive, than I will be asked if a confirmation test is desired. If I request an additional test, it shall be done on the original sample, and shall be done at my expense. I will be required to pay the expense of the confirmation test within two (2) working days from the date of notification. Employment will be denied to me if the test reveals the presence of illegal drugs, or of prescription drugs which I have not listed if and when I complete a screening form. I agree to submit to this examination and have the results released to appropriate company officials. I also agree to release the Company and its officers and employees from liability that may arise from the examination. If further medical examination is requested by a physician, it is my responsibility to incur treatment and its expense.

AUTHORIZATION TO RELEASE INFORMATION

I have applied for a position at East Alabama Medical Center and hereby grant the East Alabama Medical Center in Opelika, Alabama permission to verify my employment information and to solicit and secure other information which may be required to determine my suitability for employment. I further authorize the named employer to release to East Alabama Medical Center such information as may be requested for the purpose of evaluating me for possible employment. A copy of my authorization bearing my correct signature has the same force and effect as the original.

DATE _____ APPLICANT'S SIGNATURE _____

Institution Contact Form

Applicant name: _____
(please print)

Social Security Number: _____

Date: _____

Name of School: _____

Expected Date of Graduation: Semester _____ Year _____

Program of Study Requested: _____

I have reviewed the requested program of study to obtain a degree/certification in _____ with the applicant. The applicant discussed with me their ultimate career goals, prior academic performance, the feasibility of attendance of classes, and requirements of the program of study to obtain the degree/certification that they are requesting. There is congruency with the requested degree and the expected graduation date indicated by the applicant on the scholarship application form.

Signature of Institution representative/Academic Adviser: _____

Title: _____

Release of Information:

I give (college) _____ permission to release information regarding my program of study, clinical and classroom performance to East Alabama Medical Center's Scholarship Program Coordinator.

Signature of scholarship applicant: _____

Date: _____

MANAGER REFERRAL FORM

(To be completed by EAMC employees only.)

Scholarship Applicant: _____
(Please Print)

Social Security Number: _____

Employee Number: _____

Department: _____

Work Status (circle one): Full-time Part-time Per Diem

Manager: _____

Program Type Requested by applicant: _____

Score of previous performance evaluation: _____

Length of time you have managed applicant: _____

Discuss the qualities you feel are present in the applicant that would indicate successful completion of coursework and subsequent role fulfillment. (You may continue on the back if necessary).

Discuss how strategically the completion of this degree/program will be implemented into existing/projected needs at EAMC.

Expectations of the applicant in terms of scheduling or potential conflicts in work schedule to facilitate completion of the degree were discussed on (date): _____

* Manager Signature/date: _____

Vice President Signature/date: _____
(required)

** Manager, after obtaining required signatures, please send to the Health Resouce Center directly.

SCHOLARSHIP/LOAN PROGRAM

AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION

NAME:
(PRINT)

ADDRESS:

PHONE:

SS #

I authorize East Alabama Medical Center (EAMC), to have access to my credit history and other financial information as may be on file with any major credit reporting bureau, e.g. Equifax, Experian, TransUnion, for purposes of determining my credit worthyness.

Signature

Date

EAMC Authorized Signature

Date