



## Application for Brookwood Medical Center Nursing Scholarship

Name: \_\_\_\_\_

School of Nursing You Plan To Attend: \_\_\_\_\_

Your Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Your Permanent Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_ Date of Anticipated Graduation: \_\_\_\_\_

Please enclose or send the following:

- Resume
- Official transcript
- Letter of recommendation from faculty member
- Name, Title, Phone Number and email address of Faculty Member who will send recommendation:  
\_\_\_\_\_
- Letter from financial aid department, regarding need.

Please also complete a Brookwood employment application form at [www.bwmc.com](http://www.bwmc.com) (click on careers)

Family member of Brookwood employee? Y ( ) N ( ) If Yes, Name & Dept. \_\_\_\_\_

Brookwood Employee? \_\_\_\_\_ Department Name, If Yes \_\_\_\_\_

Letter from your Dept Head addressing the following:

- Length of service with Brookwood
  - Employment status (hrs/pay period)
  - Overall rating on last evaluation
  - Attendance
  - Disciplinary actions
- I have not been on academic or social probation.
  - I have no criminal record which will prohibit me from obtaining licensure. (Background screening will be required prior to the scholarship award).
  - I understand that falsification of any information on this application will be just cause for immediate termination of this agreement and will make the scholarship repayable as described in the contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed Application and Supporting Documents Must Be Received by **April 1<sup>st</sup>** at the following address:

Brookwood Medical Center  
Carolyn Chalkley, RN, MSN  
Coordinator, Academics  
2010 Brookwood Medical Center Drive  
Birmingham, Alabama 35209  
Phone: 205-877-1665  
Fax: 205-877-1958  
[carolyn.chalkley@tenethealth.com](mailto:carolyn.chalkley@tenethealth.com)