



Wooster Community Hospital

Senior RN Student (in basic nursing) Scholarship Program

DEADLINE • January 8, 2010

For students graduating by December 2010

APPLICATION REQUEST

Phone: 330.263.8138

Or online: www.woosterhospital.org

Email: l1ightfoot@wchosp.org



Expenses up to \$6,000 for
Senior Year in return for a
service commitment
(\$2,000 = 1 year)

For more information contact:
Loraine Frank-Lightfoot
RN, BSN MBA, CCRN
Director of Patient Services/CNO
At 330.263.8137



WOOSTER COMMUNITY HOSPITAL

1761 Beall Avenue Wooster Ohio 44691

An Equal Opportunity Employer

RN STUDENT APPLICATION FOR SCHOLARSHIP PROGRAM

(Please Print)

Last Name		First Name		Middle Initial	
Home Address	Number	Street	City	State	Zip
School Address	Number	Street	City	State	Zip
Telephone Number(s)			Social Security Number		

Have you ever been employed with us before? Yes No If yes, give date _____

List relatives employed by us _____

List friends employed by us _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration status? Yes No

Have you ever been convicted of a crime, including
misdemeanors and traffic violations? Yes No

If yes, describe in full _____

Conviction will not necessarily disqualify an applicant.

If yes, please explain _____

EDUCATION

Name of college you are attending: _____

Anticipated date of graduation as an RN: _____

Senior year tuition (only) expense: _____

Please attach a copy of last year's grades.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

May we contact the employers listed above? Yes No If NOT, indicate which one(s)

you do not wish us to contact: _____

REFERENCES

Please attach two (2) letters of reference, one from a faculty member. In addition, please submit a paragraph expressing your reasons for interest in the scholarship, your needs and why you are deserving of this scholarship.

Return application and references to: Loraine Frank-Lightfoot, RN, BSN, MBA, CCRN,
Director of Patient Services, 1761 Beall Avenue, Wooster OH 44691. Phone: 330-263-8138.