



**The Auxiliary of
Sentara Williamsburg Regional Medical Center
(ASWRMC)**

is pleased to announce its

EMPLOYEE SCHOLARSHIP PROGRAM

These scholarships will be awarded to SWRMC employees who are furthering their studies in healthcare.

Criteria include:

- Applicant must be an SWRMC employee in good standing, and
- Applicant must complete at least one year's employment at SWRMC by June 30, 2017, and
- Applicant must agree to continue employment at SWRMC while pursuing advancement in healthcare.

**APPLICATIONS ARE AVAILABLE AT SWRMC
DEBI HARDIN, VOLUNTEER COORDINATOR 757-984-7195**

**THE AUXILIARY WILL ACCEPT APPLICATIONS
MAY 1 TO JUNE 30 AT THE ADDRESS BELOW.
NOTE: IT IS THE APPLICANT'S RESPONSIBILITY
TO ENSURE THE ASWRMC RECEIVES THE COMPLETED APPLICATION PACKAGE
AT THE AUXILIARY ADDRESS BELOW
BY JUNE 30.**

**AUXILIARY SWRMC SCHOLARSHIP CHAIR
P.O. BOX 6841
WILLIAMSBURG, VA 23188-5230**

This form updated April 2017; previous versions will NOT be accepted.



**The Auxiliary of
Sentara Williamsburg Regional Medical Center
(ASWRMC)**

Employee Scholarship Application

Please type or print legibly. Spell out acronyms the first time used.

Date: _____ Date Employed by SWRMC: _____

Name _____ Employee Number _____

Address (Street) _____ (City) _____ (ZIP) _____

Telephone (W) _____ (H) _____ (C) _____ Prefer a text? Y or N

E-mail address _____

Current Position and Department _____

Charge Supervisor/Manager _____

Certification(s) acquired, over and above current job requirements _____

Awards and dates received _____

Courses of study and school you are attending/will attend _____

Tangible contributions outside your primary work center and in the community (i.e., church, school, organizational volunteer activities, etc.) _____

- Enclose a short essay about your future plans and how this scholarship would help you achieve your goals in healthcare.

- Enclose two signed and dated letters of recommendation/reference (best references are from those who can comment on your qualifications and goals).

- Ensure your supervisor signs your application.

I certify that the information provided is accurate and complete to the best of my knowledge. By signing this application, I am stating that I meet the scholarship criteria:

- I am an SWRMC employee in good standing, and
- I have completed at least one year's employment at SWRMC by June 30, 2017, and
- I agree to continue my employment at SWRMC while pursuing advancement in healthcare.

I understand that giving inaccurate or misleading information is grounds for forfeiture of any scholarship benefit.

Applicant's Signature

Date

Charge Supervisor's Certification

*Based on the above criteria, I certify that the above applicant, _____,
is eligible to apply for this ASWRMC scholarship.*

Charge Supervisor's Signature

Charge Supervisor's Printed Name

Date

Please remember, it is the applicant's responsibility to ensure ASWRMC receives the application package by June 30.

**RETURN APPLICATION PACKAGE TO:
AUXILIARY SWRMC SCHOLARSHIP CHAIR
P.O. Box 6841
WILLIAMSBURG, VA 23188-5230**