



# Taylor Regional Hospital

## Taylor Regional Hospital & Campbellsville University School of Nursing or Allied Health Application for Educational Scholarship Program

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

1. Which program are you interested in?

\_\_\_\_\_

2. Full Name:

\_\_\_\_\_

3. Home Address:

\_\_\_\_\_

4. Main Phone Number:

\_\_\_\_\_

5. Emergency Contact Information:

\_\_\_\_\_

6. Any dependents:

\_\_\_\_\_

\_\_\_\_\_

7. Any family/other responsibilities that might interrupt/interfere with education:

\_\_\_\_\_

\_\_\_\_\_

8. College or other schools that have been attended:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Have you taken the ACT test? If so, give composite score:

\_\_\_\_\_

10. College GPA & composite score:

\_\_\_\_\_

**\*Include official transcript of any college grades with this application\***

11. School currently attending:

\_\_\_\_\_

Start Date: \_\_\_\_\_

Graduation Date: \_\_\_\_\_



# Taylor Regional Hospital

12. Information concerning your employment experience:

---

---

---

---

---

13. Have you applied for financial assistance from other sources?

---

14. Do you expect to work while attending school?

---

15. Names and addresses of three references (not relatives) who know you well:

**\*A letter of recommendation is required from all three references. Attach them to this application or have them mailed to address on cover sheet.\***

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

Position: \_\_\_\_\_

Address: \_\_\_\_\_

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

Position: \_\_\_\_\_

Address: \_\_\_\_\_

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

Position: \_\_\_\_\_

Address: \_\_\_\_\_

16. Attached a **typed** response to topic below in an organized format (does not need to be lengthy):

**“Why do I want my degree from Campbellsville University School of Nursing and to work at Taylor Regional Hospital?”**

17. How did you learn about this scholarship?

---

---

---