

2017 Aspirus Scholars Program - Scholarship Application

Thank you for your interest in the Aspirus Scholars Program scholarship opportunity. This is an online savable application which must be completed and submitted by 5:00 p.m. on September 30, 2017.

Please contact Kalynn Pempek at the Aspirus Health Foundation if you have questions about the application at kalynn.pempek@aspirus.org or 715-847-2478.

Student Type

Medical Student _____

Name of Medical School _____

Total Cost of Tuition at Your College _____

Physician Assistant Student _____

Name of PA School _____

Total Cost of Tuition at Your College _____

Nurse Practitioner Student _____

Name of NP School _____

Total Cost of Tuition at Your College _____

Student Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Home: () Cell: () E-mail Address: _____

Hometown (city/state): _____ SSN: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for an Aspirus Organization¹? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Education

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree/
Major/GPA: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree/
Major/GPA: _____

Health Care
Education: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree/
Major/GPA: _____

References

Please list two professional references.

1 professional reference: faculty, professor or teacher from college or high school

1 community reference: nonprofit, community group, church, etc.

Your references will be contacted via email to complete a brief reference form online.

Full Name: _____ Email
Address: _____

Full Name: _____ Email
Address: _____

Employment History

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Military Service

By checking this box, I certify that I have not served in the U.S. Armed Forces.

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable,
explain: _____

Health Care Education

Education Program Location _____

Education Program Completion Year _____

Areas of Interest:

Primary Care (family medicine, internal medicine,
pediatrics, and obstetrics/gynecology)

Psychiatry

General Surgery

Personal Statements

1. What field in medicine is going to give you the greatest satisfaction? How do your strengths related to that field?
2. What type of patient or health setting would you like to work with most?
3. Why would you choose to practice at Aspirus versus another health care system?
4. When you consider where you would like to live following graduation/training, what attributes in a community are important to you?
5. Share a personal example that demonstrates your commitment to passion for excellence and compassion for people.

Other Connection to Aspirus

Please indicate if you are currently or previously connected with Aspirus through any of the following positions:

Volunteer Student Intern Employee Other

Application deadline: September 30 (annually)

Completed applications must be submitted by 5:00 p.m. on September 30.

Disclosures

Are you a Family Member² of an Aspirus employee, physician employed by Aspirus, or current board member of an Aspirus entity?

Yes: _____ No: _____

If yes, please list the name of the Aspirus employee, physician, or board member, and your relationship:

Full Name: _____

Relationship: _____

*You have an ongoing obligation to notify us of any changes to this disclosure (e.g., a Family Member accepts employment with Aspirus).

Disclaimer and Signature

By my signature below, I hereby authorize any department of Aspirus that maintains all or any part of my records or personnel file to release such records to the Aspirus Recruitment Department.

I further fully discharge and release Aspirus from any and all liability for the reproduction and disclosure of my records and/or personnel file pursuant to this authorization.

I further certify that my answers are true and complete.

I understand that any false or misleading information in my application or interview may result in my disqualification from future employment with Aspirus and, if I am accepted to participate in the Aspirus Scholars Program, may cause the entire outstanding balance of any Scholarship disbursed to me under the Aspirus Scholar Program, to become immediately due and payable.

Signature: _____

Date: _____

¹ A "Family Member" means a husband or wife, birth or adoptive parent, child, or sibling, stepparent, stepchild, stepbrother, or stepsister, father-in-law, mother-in-law, daughter-in-law, grandparent of grandchild or spouse of a grandparent or grandchild.