

Ballad Health

Recruitment Department

1019 W. Oakland Ave., Suite 1 Johnson City, TN 37604 **tel** 423.302.3299

balladhealth.org

Scholarship Application

Applicant's full name	Email	
Current address		
Street/P.O. box	City	State ZIP
Cell phone number ()	Second phone number ()	
Preferred contact during school breaks: pho	ne	
Address		
Are you a U.S. citizen? Yes No	Have you ever worked for Ballad Health, N Health Alliance, or Wellmont Health Syste	
Have you ever been convicted of a crime? You	es No No	
School of acceptance	Program of acceptance	
Anticipated date of graduation		
Grade point average		
Offices held in university organizations and/	'or high school (if new student)	
Honors and awards received		
List name and location of other colleges atte	ended/attending (please include MM/YY -	MM/YY)
Community activities (please include any offi	ice positions held/awards received/etc.)	
Professional association affiliations		

Length of service	Location/employer	Type of job	Average hours worked/wee
mployment (list d	ata for each separate job)		
Employer	Location	Type of job	From/to
ease submit the f	following with this application	ı:	
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