



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

**Employee Scholarship Application**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Telephone (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address \_\_\_\_\_

Current Position & Department \_\_\_\_\_

Date Employed \_\_\_\_\_ Supervisor/Manager \_\_\_\_\_

**Certification, over & above current job requirements, acquired**

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**Awards Received**

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**Course of study & school you are attending/will attend (must be in a healthcare field)**

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- Enclose a short essay about your future plans and how these funds would help you achieve your goals in the healthcare field.
- Enclose two letters of recommendation/reference...best references are from those that can comment on your qualifications.
- Ensure you obtain your supervisor's signature on your application

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

- I am an employee of Sentara Williamsburg Regional Medical Center in good standing,
- I have been a Sentara Williamsburg Regional Medical Center employee for a minimum of one year, and
- I agree to continue my employment at Sentara Williamsburg Regional Medical Center while pursuing advancement in my healthcare career.

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Based upon the criteria listed, I certify that the above applicant \_\_\_\_\_ is eligible to participate in this scholarship opportunity.

\_\_\_\_\_  
Charge Supervisor Signature                      Date

**Please remember, it is your responsibility to ensure your application package is received by June 30.**

**Return Application Package to:  
Auxiliary SWRMC  
ATTENTION: Scholarship Chairman  
100 Sentara Circle  
Williamsburg, VA 23188**