Piedmont Macon North and Piedmont Macon Medical
Choice Program Scholarship Application

Eligible applicants must be entering their **final** semester of an approved BSN/ASN program.

Instructions: Please complete the required information and provide the documents in a **complete packet.** You will be contacted by phone/email for an interview appointment. Priority will be given to early applicants.

> ➤ **Please submit documents to:** chandra.bass@piedmont.org

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

Email Address: _____

Emergency Contact: _____ Telephone #: _____

Educational Institute: _____ BSN_____   ASN_____

Anticipated Graduation Date_____ Student ID#_____

Applicant needs to provide the following:

1. Application
2. Resume
3. Unofficial Transcript of school records
4. Letter of interest indicating strengths and weaknesses as a student nurse, a statement of commitment to the Nursing Profession, and a brief statement indicating why the applicant should be selected as a program participant.
5. Current BLS (Provide original documents for verification at the time of acceptance)

6. Please rank your top _two areas_ of interest below:

☐ Emergency Department

☐ Behavioral Health

☐ Cardiac Telemetry

☐ Medical Surgical

☐ Oncology

☐ Progressive Care Unit

☐ ICU/CVICU

☐ Women's Services

Education History (excluding current university). Universities or technical colleges only.

School #1
Years attended: _____
Graduated: _____
School Name: _____
City: _____
State: _____
Degree: _____
Major: _____
GPA: _____

School #2
Years attended: _____
Graduated: _____
School Name: _____
City: _____
State: _____
Degree: _____
Major: _____
GPA: _____

Have you ever been employed by Piedmont Healthcare or any other Piedmont facility? (YES or NO) If yes, give dates. Please indicate position, department and facility.

Do you have any relatives employed at Piedmont? (YES or NO). If yes, give name or names facility, and department/unit**:**

☐ CHOICE Applicant agrees to the 247 internship hours: (19) 12 hours shifts. ***School practicum hours will be deducted.***

Print Name: _____ Date: _____

Signature: _____ Date: _____