



STIGLER HEALTH & WELLNESS CENTER, INC.
SCHOLARSHIP APPLICATION

Award: up to \$2500/semester
Application Deadline: March 31st
Requirements: Maintain 3.5 GPA, Full-time student

SHWC, Inc. does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability or handicap, or veteran status. Any application found to be incomplete will be discarded.

Today's Date

Personal Data

Last First Name Middle Suffix

Have you used other names? Yes No If yes, please list

Home Address City State Zip

Home Mobile Email

Will you be working while attending school? Yes No

Have you previously applied for a position with our company? Yes No If yes, when?

Have you been previously employed with our company? Yes No If yes, when?

Do you have any relatives working within our company? Yes No If yes, whom?

Are you a legal citizen of the U.S.? Yes No (If offered employment, you will be required to provide documentation to verify eligibility.)

Have you ever been convicted of a felony? Yes No If yes, explain

Are you currently employed? Yes No May we contact your present employer? Yes No

How did you learn about us? If referred, provide name of individual

Education (Please list all, beginning with the most recent.)

High School

City State Dates attended From (Mo./Yr.) To (Mo./Yr.)

Did you graduate? Yes No Degree Awarded

\*\*Copy of current transcript must be attached to application.

College/University

City State Dates attended From (Mo./Yr.) To (Mo./Yr.)

Did you graduate? Yes No Degree Awarded

\*\*Copy of current transcript must be attached to application.

**Education (continued)**

Other \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dates attended **From** (Mo./Yr.) \_\_\_\_\_ **To** (Mo./Yr.) \_\_\_\_\_

Did you graduate?      Yes      No      Degree Awarded \_\_\_\_\_

**Employment History**

Include your last 3 employers, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Date of Hire (Mo./Yr.) \_\_\_\_\_ Date Separated (Mo./Yr.) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact this employer?      Yes      No

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Date of Hire (Mo./Yr.) \_\_\_\_\_ Date Separated (Mo./Yr.) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact this employer?      Yes      No

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Date of Hire (Mo./Yr.) \_\_\_\_\_ Date Separated (Mo./Yr.) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact this employer?      Yes      No

## Military Service

List all state professional licenses/certifications, past and present. If necessary, attach a separate sheet. Please submit a copy of your original, current Oklahoma license with this application.

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

If other than honorable discharge, explain \_\_\_\_\_

## Personal References

Give names of at least three persons who have experience in observing and working with you and who can provide adequate references pertaining to your professional competence, moral integrity, character, and ethics.

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Length of Time Known \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Length of Time Known \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Length of Time Known \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## Applicant Information

What school do you plan on attending? \_\_\_\_\_ School start date: \_\_\_\_\_

What is your chosen discipline of study? \_\_\_\_\_ Current GPA: \_\_\_\_\_

Degree or certification to be awarded: \_\_\_\_\_ Graduation/Completion date: \_\_\_\_\_

Education Plan Timeline: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to commit (2) years of full-time employment status to SHWC, Inc. in return for each year of scholarship award?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If you are awarded a scholarship and do not complete the FTE required you will be in breach of contract and required to pay SHWC, Inc. back in full. Recipient is subject to all legal remedies available to SHWC, Inc. for recoupment.

Available start date after completion of program: (Please consider any time lapse for licensure/certification.) \_\_\_\_\_

Career Plans:

Tell us why you want to be considered for this scholarship and why you feel you deserve this scholarship. Furthermore, tell us how you will use this opportunity to contribute/improve services to our communities? (300-500 word essay)

**Disclaimer and Signature**

I certify that the above answers are all accurate and complete to the best of my knowledge. If this application leads to award of scholarship, I understand that any significant misstatements in or omissions from this application or in my interview may result in my dismissal from Stigler Health & Wellness Center, Inc., scholarship program. Stigler Health & Wellness Center, Inc., reserves the right to refuse any application for any reason.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## SELF-IDENTIFICATION AUDIT FORM

*Under the Civil Rights Act of 1964, the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Assistance Act of 1974, the U.S. Government is empowered to require every employer to report the number of their applicants in the racial and ethnic groups listed below. While employers are permitted to determine the racial and ethnic group identification by visual survey, we believe that in order to avoid mistakes and misunderstanding, every applicant should have the opportunity to answer this question personally.*

**Completion of this form is voluntary.** All information provided will be used for reporting purposes only and will be accessed by the Human Resources Department. Completion or non-completion of this form will in no way impact your consideration for employment with SHWC.

### GENERAL APPLICANT INFORMATION

Prefix \_\_\_\_\_ Last \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_ Date \_\_\_\_\_

### CITIZENSHIP

Are you a United States Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No Do you have citizenship in another country? \_\_\_\_\_ Yes \_\_\_\_\_ No

### GENDER

\_\_\_\_\_ Male \_\_\_\_\_ Female

### ETHNICITY

\_\_\_\_\_ **Hispanic/Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ **Not Hispanic/Latino**

### RACE

\_\_\_\_\_ **White (not Hispanic or Latino)**

A person having origins in any of the original peoples of Europe, the Middle East, or North America

\_\_\_\_\_ **Black or African American (not Hispanic or Latino)**

A person having origins in any of the Black racial groups of Africa

\_\_\_\_\_ **Native-Hawaiian or other Pacific Islander (not Hispanic or Latino)**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

\_\_\_\_\_ **Asian (not Hispanic or Latino)**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ **American Indian or Alaska Native (not Hispanic or Latino)**

A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment

**Two or More Races (not Hispanic or Latino)**

All persons who identify with more than one of the above five races.

**VETERAN STATUS**

Using the definitions as stated below, please check the box below to identify yourself in as many covered veterans categories as applies.

**Vietnam-Era Veteran**

- (1) A person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred; (a) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (b) between August 5, 1964, and May 7, 1975, in all other cases; or
- (2) A person who was discharged or released from active duty for a service-connected disability if any part of such active duty was performed; (a) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (b) between August 5, 1964, and May 7, 1975, in all other cases.

**War/campaign/expedition Veteran**

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

**Armed Forces Service Medal Veteran**

A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed Reg 1209). To identify the military operations that meet this criterion, check your DD Form 214, Certificate of Release or Discharge from Active Duty.

**Disabled Veteran**

- (1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- (2) A person who was discharged or released from active duty because of a service-connected disability.

**Recently Separated Veteran**

Any veteran during the three-year period beginning on date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Separation date: \_\_\_\_\_

**NON-PARTICIPATION**

\_\_\_\_\_ I have read the opening statement and I have chosen not to self-identify.

**SIGNATURE**

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



AUTHORIZATION FOR BACKGROUND INVESTIGATION

I, \_\_\_\_\_, understand that to be considered by Stigler Health & Wellness Center, Inc. for scholarship award, I will be subject to a thorough background investigation and a report from the Oklahoma State Bureau of Investigation stating that I have no felony or misdemeanor charges against me except for misdemeanor traffic violations.

I understand that the purpose of the investigation is to reduce the potential for abuse or neglect .

I understand I may not be considered for scholarship award if the investigations do not meet SHWC's contract guidelines.

I also authorize Stigler Health & Wellness Center, Inc. to contact any of my previous employers and I will hold harmless of any statement made against me concerning my previous work history.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date