Benefis Health System Foundation

Scholarship Application

Full Name _____ Date _____

Address _____ City _____ State_____ Zip _____

Home Phone _____Cell Phone _____Email _____

Social Security Number _____ Have you ever been convicted of a felony? _____Yes ____ No
If yes, explain _____

Would you be willing to sign a Work Commitment Agreement with Benefis Health System? (Circle one) Yes No
*This does not exclude you from being awarded, but helps determine which scholarship you are eligible for

Have you applied for a scholarship with us previously? _____Yes ____ No
If yes, was it under another name(s) and if so what name(s) was it? _____

What is the name of the educational facility you have been accepted to attend? **(Please check one)**

MSU College of Nursing:
- ☐ Billings
- ☐ Great Falls
- ☐ Bozeman
- ☐ Kalispell
- ☐ Missoula

☐ Great Falls College MSU

☐ MSU Northern

☐ Carroll College

☐ U of M Missoula

☐ University of Providence

☐ Other (Please list name of school) _____

Name of program/degree _____

Date program begins_____Anticipated date of graduation?_____

How many credits are you taking?_____(circle one) qtr or semester (Our scholarships require a minimum of 9 credits per semester)

Semester(s) applying for?_____Anticipated cost of tuition and book fees per semester? _____

Have you been notified of any assistance or other scholarships that you will receive for your education program?

_____ Yes _____ No If yes, describe source, amount and duration. _____

_____

If you have volunteer experience give the name of your supervisor and explain where and for how long you were involved. _____

_____

Are any immediate family members (parent or spouse) employees of Benefis Health System, and if so, Full name and Relationship to you _____

Benefis Health System Employees:

Employee ID number _____Department Name _____

Please list any other positions you have held at Benefis Health System or in healthcare related fields and the dates, beginning with the most recent. _____

_____

Non-employees of Benefis Health System:

Are you currently employed? _____ Hours per week _____ Employer _____

With this application, please submit all of the following requested information in one packet only! Omission of any of the requested information will eliminate your application from consideration.

1. A copy of the letter of acceptance into a certified/accredited healthcare program or college.
2. Unofficial copy of transcripts reflecting last two years of academic study, if study occurred within the last five (5) years.
3. Two (2) confidential letters of recommendation **in sealed envelopes. Please include these in your packet, do not have them mailed to us.** ***If you are an employee of Benefis, these cannot be from a Benefis manager or Benefis coworker, no exceptions.***
4. A letter stating reasons for choosing the area of healthcare you are interested in as your field of study.
5. A written explanation of financial need.
6. Completed Background Release and Authorization form. *(Not required for Benefis employees, as these have already been obtained)*

If you are selected to receive a scholarship, the Foundation reserves the right to publish your picture in newspapers, foundation newsletters, and on our website and Facebook page. If you do not have a current photo and you are selected, we will assist you with a photo.

Review the Work Commitment Agreement as applicable to Benefis Health System. This agreement depicts the grid for work commitment to Benefis Health System per dollars allocated.

Based on criteria submitted, the Selection Committee will review and make the final Scholarship selections.

Please mail packet to:

Benefis Health System Foundation
Healthcare Scholarship Program
PO Box 7008
Great Falls, MT 59406-7008

or Deliver to:

1200 25th St S, Benefis Health System Foundation Office, Great Falls, MT

APPLICATION DEADLINE:
Must be received or postmarked by June 1st at 4:30 pm for fall and spring semesters

BACKGROUND RELEASE AUTHORIZATION FORM AND
FAIR CREDIT REPORTING ACT DISCLOSURE
[FOR EMPLOYMENT PURPOSES]

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act,15 U.S.C. § 1681 *et seq.*

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq*., is available at the Federal Trade Commission's web site (http://www.ftc.gov).

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during my employment at Benefis Health System.

For Maine Applicants Only
Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports

.**For New York Applicants Only**
You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

For Washington Applicants Only
If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

For California*, Minnesota, and Oklahoma Applicants Only: A consumer credit report will be obtained through Certiphi Screening, Inc., P.O. Box 541, Southampton, PA 18966.

If a **consumer credit report** is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy. Yes _____ No_____
Initials Initials

If an **investigative consumer report** and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy. Yes _____ No_____
Initials Initials

***California Applicants**: If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report). **Certiphi Screening's privacy practices with respect to the preparation and processing of investigative consumer reports may be found at www.certiphi.com (link at bottom of page entitled, "Legal/Privacy").**

BENEFIS HEALTH SYSTEM BACKGROUND RELEASE AND AUTHORIZATION FORM

PLEASE PRINT:

First Name _____ Middle Initial _____

Last Name _____ Date of Birth (MMDDYYYY) _____

Social Security Number _____ Primary Telephone Number _____

Current Address _____ Apartment # _____ #yrs at this address _____

City _____ State _____ Zip Code _____

Driver's License Number (no dashes) _____ License State _____

Email Address _____

Benefis performs a background check on all successful applicants. In order to perform the check we need your driver's license number and date of birth. This information is never disclosed to interviewers and is only available to the employment office once you have been selected for a position. If you should have any concerns or questions, please call Benefis Employment at 406.455.5175.

Date:_____ Signature of Applicant: _____

Print Name:_____