Vidant Health

Health Careers Academic Loan Program Application



VidantHealth.com

			-5	6028, Greenville, NC 27835.
*Date of Application				
*Name				
(Last)	(First)	(Middle)	(Pref	erred)
*Current Address(Route/Street/Bo	x #)			
(City)	9.	(State)	(Zip Code)	(County)
*Home Telephone	*Cell phon	e	*E-mail	
*Date of Birth	_ *Social Sec	urity Number		
*Race	*Gender			
*College you attend		* G	raduation Date	
t Drogram vou ave envelled				
*Program you are enrolled			-	
*Desired facility of employment up Vidant Medical Center Vidant Bertie Hospital Vidant Beaufort Hospital	Vidant Chowa Vidant Duplin	n Hospital Hospital	Vidant Roanoke-C The Outer Banks	Chowan Hospital Hospital
*If you are currently an employee o		5	52	
(Facility)	/(I	Department)		// (Employee ID#)
*Is one of your parents currently er *Name and permanent address of p	nployed by Vidant Hea	olth? Yes No	0	
(Name and Relationship)				(Phone)
(Route/Street/P.O. Box)	(City)	(State)	(Zip Code)	(County)
f understand that the Vidant Health Program from program faculty. I a				

Vidant Health Health Careers Academic Loan Program Waiver Form

(to be completed by applicant and provided to each reference)

Academic Loan Applicant's Name (please	print) Date
Check one block and sign below. I waive my right to read the light to not waive my right to a	is completed reference. read this completed reference.
Applicant's Signature	Date
Name of Reference	
Address	
Telephone	

NOTE: Letter of reference may be substituted for reference form. Please return one waiver form for each reference.

Vidant Health Health Careers Academic Loan Program Reference Form

(This form is to be completed by individual providing reference)

This	reference is (check only o	ne):				
	Academic	Employment	Personal			
Please check your recommendation below:						
	Recommend	Highly Recommend	DO NOT Recommend this applicant for the Vidant Health Academic Loan Program			

Please provide the following information on applicant: How do you know them, pride in profession and work presented, attentiveness to safety, appearance, attitude, respect for confidential information, accountability, customer service potential, communications, etiquette, adaptability to change and commitment to profession.

How long have you known this applicant?

Note: Completed reference form must be returned to: Vidant Health Careers Doctors Park 1AB P.O. Box 6028 Greenville, NC 27835

Or may fax to (252)-847-5684