



BCC CENTER FOR HEALTH SCIENCE EDUCATION, SCHOLARSHIP OFFICE, 3501 S.W. Davie Road, Building 8, Davie, FL 33314  
NORTH BROWARD HOSPITAL DISTRICT, CORPORATE HEADQUARTERS, 303 S. E. 17th Street, Fort Lauderdale, FL 33316

# HEALTH SCIENCE SCHOLARSHIP APPLICATION

## **BROWARD GENERAL MEDICAL CENTER**



303 S.E. 17th Street  
Fort Lauderdale, Florida 33316  
**954-355-5048**

## **NORTH BROWARD MEDICAL CENTER**



201 East Sample Road  
Deerfield Beach, Florida 33064  
**954-786-6900**

## **IMPERIAL POINT MEDICAL CENTER**



6401 North Federal Highway  
Fort Lauderdale, Florida 33308  
**954-776-8680**

## **CORAL SPRINGS MEDICAL CENTER**



3000 Coral Hills Drive  
Coral Springs, Florida 33065  
**954-344-3010**

**PLEASE RETURN APPLICATION TO BCC AT THE ABOVE ADDRESS**

Date starting Health Science Program \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

**ASSOCIATE DEGREE**

*Please indicate selected field of study:*

\_\_\_\_\_ Diagnostic Medical Sonography      \_\_\_\_\_ Nursing (RN)      \_\_\_\_\_ Nuclear Medicine  
 \_\_\_\_\_ Radiation Therapy Technology      \_\_\_\_\_ Radiologic Technology      \_\_\_\_\_ Physical Therapy Assistant  
 \_\_\_\_\_ Respiratory Care      \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE HOW LONG?

Social Security # \_\_\_\_\_ BCC Student # \_\_\_\_\_ E-mail address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

How did you learn of the scholarship program with the North Broward Hospital District? \_\_\_\_\_

Do you possess one of the following requirements for employment?  U.S. Citizenship  Work Visa  Permanent Resident Status  No

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

Have you ever worked at :  Broward General Medical Center  North Broward Medical Center  Imperial Point Medical Center  
 Coral Springs Medical Center  District Offices. If YES, list Title(s) and Dates \_\_\_\_\_

Do you have any relatives employed at any of the above District Facilities?  Yes  No If Yes -

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Department \_\_\_\_\_

Have you ever been dismissed or forced to resign from a job? If so, state employer's name, when it occurred and the circumstances:

\_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION AND TRAINING**

*Proof of education & training may be required upon employment*

SCHOOL	NAME, CITY AND STATE LOCATED	GRADUATE	MAJOR, DEGREE, DIPLOMA, CERTIFICATION OR CREDITS EARNED AND G.P.A.
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		yr. graduated ____	
Bus./Tech School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		yr. graduated ____	
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		yr. graduated ____	

**LICENSURE, REGISTRATION AND/OR CERTIFICATION**

*List all professional or occupational licenses. Proof of registration or license required.*

**TYPE                                      LICENSE OR REGISTRY NO.                                      YEAR AND STATE ISSUED                                      EXPIRATION DATE**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Special Achievements \_\_\_\_\_

\_\_\_\_\_

# EMPLOYMENT HISTORY

**Start With Most Recent Employment**

<b>DATES OF EMPLOYMENT</b>	EMPLOYER'S NAME	ADDRESS		
	MONTH / YEAR	CITY	STATE	ZIP CODE
FROM		SUPERVISOR OR CONTACT PERSON	EXT. NO.	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
TO		POSITION TITLE & DUTIES		
		REASON FOR LEAVING		FINAL SALARY

<b>DATES OF EMPLOYMENT</b>	EMPLOYER'S NAME	ADDRESS		
	MONTH / YEAR	CITY	STATE	ZIP CODE
FROM		SUPERVISOR OR CONTACT PERSON	EXT. NO.	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
TO		POSITION TITLE & DUTIES		
		REASON FOR LEAVING		FINAL SALARY

<b>DATES OF EMPLOYMENT</b>	EMPLOYER'S NAME	ADDRESS		
	MONTH / YEAR	CITY	STATE	ZIP CODE
FROM		SUPERVISOR OR CONTACT PERSON	EXT. NO.	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
TO		POSITION TITLE & DUTIES		
		REASON FOR LEAVING		FINAL SALARY

**EQUAL EMPLOYMENT OPPORTUNITY**

The North Broward Hospital District is an Equal Opportunity Employer. As such we provide equal employment opportunities in all employment related matters regardless of race, age, sex, national origin, disability, religion, or veterans status in accordance with all applicable State and Federal Statutes, executive orders and regulations which prohibit discriminatory employment practices.

**POSITION AND SCHEDULE**

I understand that if employed, I may be expected to work in a different position or schedule other than the one for which I was employed if such change would be beneficial to North Broward Hospital District and if I am otherwise qualified and able to perform the essential functions of such other position.

**AUTHORIZATION TO RELEASE INFORMATION AND JOB APPLICANT WAIVER**

To support my application for the scholarship program, I hereby consent to having the North Broward Hospital District contact anyone it deems appropriate to investigate or verify any information I have given, or to discuss my background, past performance, or my suitability for employment. I further consent to being discussed by any person so contacted, and I waive any rights to bring any action for defamation, invasion of privacy or any similar cause against anyone contacted as a result of what he or she may say about me. All statements made on the application for employment are true to the best of my knowledge. I understand that any falsification of fact is sufficient grounds for my rejection as an applicant or termination of my employment.

If you have defaulted on any Federal Loan Program or Title IV Funds from any post secondary institution you are ineligible from receiving funds from Broward Community College or the North Broward Hospital District.

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

WHY DO YOU WANT TO PURSUE A CAREER IN HEALTH CARE?

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WHAT QUALITIES DO YOU THINK A HEALTH CARE PROFESSIONAL SHOULD POSSESS?

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WHAT ARE YOUR EXPECTATIONS OF THE SALARY, WORKING CONDITIONS, AND SHIFTS WITHIN THIS CAREER?

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WHAT ARE YOUR PERSONAL GOALS AND OBJECTIVES?

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WHY DO YOU FEEL THAT YOU WOULD BE AN ASSET TO THE NORTH BROWARD HOSPITAL DISTRICT?

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