

(Clinical Laboratory Science)

Indicate the Specific Reasons You Left This Job

Previous Employer (Name of Company)

Address (Street Address, City, State and Zip Code)

Work Phone

Dates of Employment (From/To)

Department

Supervisor's Name

List Your Job Title and Briefly Describe Your Duties

Indicate the Specific Reasons You Left This Job

Personal References

Name

Phone Number

Relationship

Years Known

Name

Phone Number

Relationship

Years Known

Name

Phone Number

Relationship

Years Known

(Clinical Laboratory Science)

If so, please indicate the name of the educational institution, location and degree program into which you have been accepted. You will be asked to confirm your acceptance/enrollment with a letter from the program or official copy of your transcript.

Name of School _____

Location of School _____

Degree Program _____

What made you decide to pursue a degree in a health care related educational program?

When do you expect to complete this educational program? (List month and year of expected completion)

What is the total estimated cost of the final year in the program? (tuition, fees).

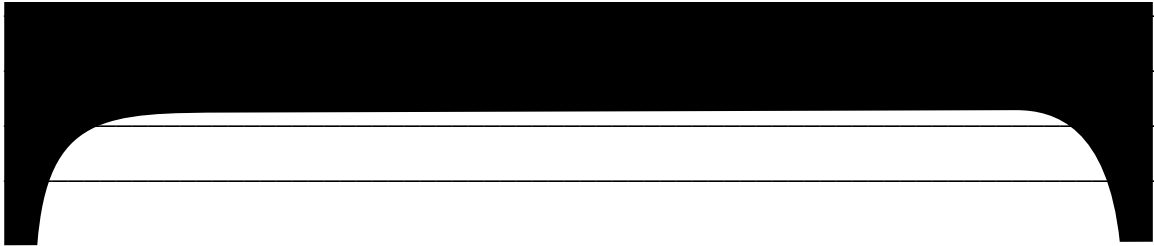
Financial assistance for Clinical Science/Medical Laboratory subsidy is \$10,000, with 24-month commitment, please check below to acknowledge (subject to taxation).

\$10,000 (Requires 24 month full time commitment/ 2 years)

What qualities and strengths do you possess that will make you an outstanding health care provider?

(Clinical Laboratory Science)

Please indicate your career goals for the next five (5) years.



Please include any additional information that may be helpful to the

In applying for the "Work Commitment Tuition Subsidy", I understand and agree to a 24-month period of full-time employment at The Johns Hopkins Hospital if a position** is available and offered to me upon graduation. Falsification of information will result in the Work Commitment Tuition Subsidy becoming immediately due and payable to The Johns Hopkins Hospital. I understand that if I do not complete my college course of study, I must repay the Work Commitment Tuition Subsidy monies. This application becomes the property of The Johns Hopkins Hospital. I have been accepted into my clinical program of study. I certify that the information provided is complete and accurate to the best of my knowledge. I authorize The Johns Hopkins Hospital to investigate and validate all statements made in this application, including validating prior employment, checking references and conducting criminal background checks in accordance with the policies of The Johns Hopkins Hospital and The Johns Hopkins Health System Corporation.

I understand the Tuition Subsidy Selection Committee will not discriminate with respect to race, age, sex, religion, creed, sexual orientation, national origin or veteran status.

Applicant's Signature

Date

Please submit in **one package**: 1 copy of this application, 1 copy of your latest transcript, and 3 letters of recommendation. Incomplete application packets as of 7/15/2024 deadline will not be considered.

All correspondence should be addressed to:

**Attn: Desiree George
Johns Hopkins Hospital Dept of Pathology
600 N. Wolfe Street
Carnegie 424
(mail stop Carnegie 437)
Baltimore, MD 21287**

Email: Dgeorg28@jhmi.edu

*Application packages received after July 15, 2024 will not be considered.
Only completed applications with required transcript & letters will be considered.*

***A limited number of awards are available. Accepted applicants are not guaranteed shift availability (Day, Evening, Night, and/or Weekend) or location (Downtown Baltimore, Bayview, Howard County, Affiliate hospitals) – openings are based on the available JHH positions at time of graduation and successful completion of the interview and recruitment process per JHH employment policies.*

***Applicants may be asked to complete an in-person or telephone interview in late July/early August before final selection is made for tuition subsidy/scholarship awards.*