

5. LIST SUPERVISOR FROM EACH OF THE EMPLOYERS REFERENCED ABOVE WITH PHONE #

6. HAVE YOU BEEN ACCEPTED TO A NURSE PRACTITIONER PROGRAM? IF YES, PLEASE PROVIDE SCHOOL AND LETTER OF ACCEPTANCE. _____

7. ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY MEMBER OF THE BOARD OF DIRECTORS OF THE GREENE COUNTY MEMORIAL HOSPITAL FOUNDATION? _____

8. IF YOUR ANSWER IS YES, LIST ALL MEMBERS TO WHOM YOU ARE RELATED:

THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION AND ALL ATTACHMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND ABILITY

DATE

SIGNATURE OF APPLICANT

ATTACH ESSAY (required)*

****LETTER OF RECOMMENDATION MUST BE MAILED DIRECTLY TO THE FOUNDATION OFFICE (SEE INFORMATION PROVIDED UNDER PROGRAM DESCRIPTION)****