

## Inspiring Health Sponsorship Application

<b>APPLICANT INFORMATION</b>		
Last Name	First	M.I.
Current Address, City, State, Zip		
Permanent Address, City, State, Zip		
Hometown City & State		
Phone	E-mail Address	
Social Security No. (optional)		
Program/School you are attending		
Anticipated Graduation Date		
What is your Year & Semester (i.e. Junior-Fall)		Cumulative GPA

Please provide the following requirements on a separate sheet of paper:

1. Two professional references to be submitted
2. College Transcripts-Official or Unofficial are acceptable
3. Short Essay describing professional goals and why you are interested in working at Brookings Health System (approximately 250 words)

I hereby certify that all the information provided by me in the application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of any facts in said documents will be cause for denial of the award regardless of the timing or circumstances of discovery.

I hereby authorize all schools, former employers, references, courts and any others who have information about me to provide information to Brookings Health System.

By signing the form, I acknowledge that I have read, understood and agree to the above statements.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_