

**ADVANCED SKILLS SCHOLARSHIP APPLICATION**  
**Emory Johns Creek Hospital Auxiliary**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Department Where You Work: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Are You Full Time? \_\_\_\_\_

How Long Have You Worked in Your Present Position? \_\_\_\_\_

Immediate Supervisor/Department Head (Name and Phone) \_\_\_\_\_

\_\_\_\_\_

Name and Address of School/Organization Offering This Course: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Course Name/Description: \_\_\_\_\_

\_\_\_\_\_

Beginning Date \_\_\_\_\_ Completion Date \_\_\_\_\_

Cost of This Course including books) \_\_\_\_\_

How will this Course Benefit You in Your Career? \_\_\_\_\_

\_\_\_\_\_

*\*Note: You must attach a letter from your immediate supervisor/department head regarding how taking this course will be beneficial.*

Direct all applications and/or questions to:

Eileen Kovalchik, Chairperson  
(770) 442-5390 - emklib@bellsouth.net  
560 Brightmore Downs  
Alpharetta, GA 30005

(Revised 2014)