

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

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Department Where You Work: _____

Position/Title: _____ Hours Per Week _____

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
(678) 612-8079 - emklib@bellsouth.net
560 Brightmore Downs
Alpharetta, GA 30005

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