

APPLICANT INFORMATION

1. Name:

_____ Last _____ First _____ M.I.

2. Address:

_____ Number, Street Name, Suite Number/Apartment Number
 _____ City, State, Zip Code

3. Phone Number:

_____ (Area Code) Phone Number

4. Email Address:

_____ Email address (ex: johndoe@gmail.com)

5. Are you a citizen of the United States?

Yes No

If no, are you authorized to work in the U.S.?

Yes No

Note: St. Louis Children's Hospital Administrative Fellowship Program is unable to sponsor visas.

6. Have you ever worked at St. Louis Children's Hospital or any other BJC facility in the past?

Yes No

If yes, please list any other name(s) you have worked under: _____

How did you hear about our Administrative Fellowship: _____

EDUCATION

7. Graduate School: _____

Degree: _____ **Date Conferred:** _____
 Month, Year

Note: St. Louis Children's Hospital Administrative Fellowship Program prefers candidates whose Master's level program is completed prior to fellowship start date, but will consider candidates whose university program requires the completion of a fellowship prior to graduation.

APPLICATION MATERIALS CHECKLIST

The 2025-2027 St. Louis Children's Hospital Administrative Fellowship Application should be submitted to SLCHAdminFellowship@bjc.org via PDF by **September 13, 2024 at 11:59 pm CST**. To be considered for selection, the application materials (listed below) must be submitted in the correct order, and must be emailed as one single PDF file, before/on the deadline. Applications that do not adhere to these guidelines, may not be considered.

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| 1. Completed Administrative Fellowship Application Form (this form) | 5. Three (3) Letters of References |
| 2. Cover Letter (addressed to Mrs. Michele McKee) | a. One from Your Graduate School Program Director |
| 3. Resume / Curriculum Vitae (CV) | b. Two from Current/Former Employer or Graduate School Program |
| 4. Personal Statement (500 words maximum) that addresses the following: | 6. Graduate School Transcript(s) |
| a. Why are you interested in working in pediatric healthcare? | 7. Undergraduate Transcript(s) |
| b. Why are you interested in the Administrative Fellowship at St. Louis Children's Hospital? | |

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge; I also certify by signing below that if this application leads to employment with St. Louis Children's Hospital, I understand that false or misleading information in my application or interview may result in my immediate dismissal from the interview process or termination from employment.

_____ Date Signed

_____ Signature of Applicant