



Catholic Healthcare West

# Fellowship Program Application

Name: \_\_\_\_\_  
(Last, First, Middle/Maiden)

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

City/State/ZIP: \_\_\_\_\_

Phone: (    ) - \_\_\_\_\_

Email: \_\_\_\_\_

\* Please indicate a phone number where you can be reached during holidays

## Current Graduate Program Information:

Name of School: \_\_\_\_\_

Degree: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Phone: (    ) - \_\_\_\_\_ Fax: (    ) - \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about the CHW Fellowship Program? (Please check all that apply.)

- |   |   |   |                                    |                                 |
|---|---|---|------------------------------------|---------------------------------|
| <input type="checkbox"/> Graduate Program | <input type="checkbox"/> ACHE             | <input type="checkbox"/> NAHSE                  | <input type="checkbox"/> Directory | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Faculty Member   | <input type="checkbox"/> Brochure/Website | <input type="checkbox"/> Other (please specify) |                                    |                                 |

## *Application materials must be received in our office by October 15*

To apply, please send the following information to Human Resources Department, CHW Fellowship Program, Catholic Healthcare West, 185 Berry Street, Suite 300, San Francisco, CA 94107:

1. Cover letter
2. Application
3. Résumé
4. Copy of graduate transcript (unofficial)
5. Three letters of recommendation
6. A two-page essay answering the following questions:
  - "Why am I interested in the CHW Fellowship Program?"
  - "What unique skills and experiences can I contribute to CHW?"
  - "What are my short and long-term career objectives?"