

Administrative Fellowship Application for 2024 – 2026

Applicant Information

Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *Zip Code*

Phone Number *E-mail Address*

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Please note that the St. Louis Children's Hospital Administrative Fellowship Program is unable to sponsor visas.

Have you ever worked at St. Louis Children's Hospital or any other BJC Healthcare facility in the past? YES NO

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

How did you hear about our Administrative Fellowship: _____

Education

Graduate School: _____
Name *City* *State*

Degree: _____ Date Conferred: _____

Please note that the St. Louis Children's Hospital Administrative Fellowship Program prefers candidates whose Master's level program is completed prior to beginning the Administrative Fellowship Program, but will consider students whose university program requires the completion of a practicum/fellowship program prior to graduation.

Application Materials Checklist

Before submitting your application materials, please review the checklist below to ensure your application is complete. *Incomplete applications will not be considered for the Administrative Fellowship Program.* **Please submit all application materials** (in the following order) **in one PDF file to SLCHAdminFellowship@bjc.org.**

1. A copy of this application
2. Cover letter and resume or curriculum vitae (CV)
3. Personal statement
 - 300-500 words which outline your interest in pediatric health care and specifically working for St. Louis Children's Hospital
4. Three (3) letters of references
 - One from your graduate school program
 - Two from current/former employment or your graduate school program
5. Graduate school transcript(s)
6. Undergraduate transcript(s)

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.

Signature: _____

Date: _____

Submissions for the St. Louis Children's Hospital Administrative Fellowship Program **must be received by September 22, 2023.**