

St. Louis Children's Hospital 2026-2028 Administrative Fellowship Application Form

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 2026-2028 St. Louis Children's Hospital Administrative Fellowship Application should be submitted to SLCHAdminFellowship@bjc.org via PDF by **September 12, 2025 at 5:00 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