



Memorial Hospital of Carbon County Foundation Board

SCHOLARSHIP PROGRAM APPLICATION FORM

2019-2020 SCHOOL YEAR

School you plan to attend: _____ Major: _____

The award will be paid to the school of the applicant's choice for his/her use.

The Memorial Hospital of Carbon County Foundation Board will offer 3 (three) \$500 scholarships for the current year.

To qualify, students must 1) be a graduate of a Carbon County 1 or Carbon County 2 School District; 2) plan to pursue a course of study which will lead to a career in Nursing; 3) Have a 3.0 GPA or higher; 4) demonstrate previous or current community and/or involvement in extra-curricular activities.

APPLICATIONS MUST BE SUBMITTED BY April 10, 2019.

BIOGRAPHICAL DATA (Please type or use ink)

FULL NAME _____

Parents' Names and Occupations

Mailing Address _____

Email Address _____

High School _____ DOB: _____ Year of Graduation _____

Social Security # _____ Phone # _____ Marital Status _____ Colleges
attended _____ Dates _____ to _____

A. High School Grade Point Average: _____ SAT/ACT Test Scores: _____

*Attach transcript for 7 semesters. Proof of graduation will be required.

B. Please attach a brief summary of your activities and work experience. Include school, community, church, etc.

C. Please attach a one-page essay on "How is the nursing industry important to you and the State of Wyoming"?

D. Please attach letters from 3 character references that have known you for a minimum of 3 years.

E. Please attach a brief statement which includes your plans for the future, your career and life goals.

APPLICANT'S SIGNATURE _____

Please submit to: MHCC Foundation, P.O. Box 460, Rawlins, WY 82301. Questions may be directed to the Marketing, Communications and Foundation Director at 307-324-8211.

Scholarship Details and Requirements

1. Premise

1. \$500 scholarship to be awarded on a one time basis to chosen applicant(s).
2. Scholarship shall benefit any person 17 years of age or older who is currently accepted to any college program but not yet started, or any current undergraduate or graduate student who is currently enrolled in and attending a nursing related program at an accredited institution of learning.

2. Requirements

1. Applicant shall be at least 17 years of age and be accepted to a full-time program, but not yet attending because the established start date of the program has not arrived.
2. Applicant shall be at least 17 years of age and be accepted to and attending a full-time program at an accredited institution of learning.
3. Applicant must have a minimum GPA of 3.0, based on the previous year's academic performance.

3. Application Process

1. Applicant shall submit all contact information as contained within the application, including name, address, phone number, email, date of birth and sex.
2. Applicant shall submit proof of age. A photocopy of a driver's license or other valid ID is acceptable.
3. Applicant shall submit proof of enrollment or acceptance to an accredited institution of learning. A photocopy of transcripts or acceptance letter is acceptable.
4. Applicant shall submit a 1 page essay on "How is the nursing industry important to you and the State of Wyoming."
5. Applicant shall submit a brief statement which includes your plans for the future, your career and life goals.

4. Selection

1. Applications will be reviewed by a panel and winners selected based on criteria set forth in the requirements section of this document.
2. Once the winner is decided and notified of the award, he/she will receive a mailed 1099-MISC tax form and the check will be delivered to their address. The winner of the scholarship award will be fully responsible for the taxes incurred from receiving the award.

