

Memorial Hospital of Carbon County Foundation Board

SCHOLARSHIP PROGRAM APPLICATION FORM

2019-2020 SCHOOL YEAR

School you plan to attend:	Ma	jor:	
The award will be paid to the school	of the applicant s choice for his/	ner use.	
The Memorial Hospital of Carbon Cocurrent year.	ounty Foundation Board will offe	r 4 (four) \$500 scholarsh	nips for the
To qualify, students must 1) be a gra pursue a course of study which will 1 higher; 4) demonstrate previous or	ead to a career in Nursing or rela	ted healthcare field; 3) H	Have a 3.0 GPA or
APPLICATIONS MUST BE SUBM	ITTED BY May 15, 2020.		
BIOGRAPHICAL DATA (Please type	pe or use ink)		
Parents' Names and Occupations			
Mailing Address			
Email Address			
High School			
Social Security #Phone #_			
attended			
A. High School Grade Point Average		Scores:	
B. Please attach a brief summary of y	our activities and work experien	ce. Include school, com	munity, church, etc.
C. Please attach a one-page essay on	"How is the nursing industry imp	portant to you and the St	ate of Wyoming?"
D. Please attach letters from 3 charac	ter references that have known yo	ou for a minimum of 3 y	ears.
E. Please attach a brief statement whi	ch includes your plans for the fu	ture, your career and life	goals.
APPLICANT'S SIGNATURE			
Please submit to: MHCC Foundation			directed to the Market

Scholarship Details and Requirements

1. Premise

- 1. \$500 scholarship to be awarded on a one time basis to chosen applicant(s).
- 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. Recipients will be notified via mail. Recipient and family will be invited to a Foundation Board Meeting for awards presentation.