



# Memorial Hospital of Carbon County Foundation Board

## SCHOLARSHIP PROGRAM APPLICATION FORM

2022-2023 SCHOOL YEAR

School you plan to attend: \_\_\_\_\_ Major: \_\_\_\_\_

The award will be paid directly to the applicant.

The Memorial Hospital of Carbon County Foundation Board will offer 4 (four) \$500 scholarships for the current year. Recipients are eligible for a one-time award only.

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 health care; 3) Have a 3.0 GPA or higher; 4) demonstrate previous or current community and/or involvement in extra-curricular activities.

**APPLICATIONS MUST BE POSTMARKED BY March 15th, 2023. Hand delivered applications will not be accepted. Incomplete applications will not be considered.**

**Part 1:** BIOGRAPHICAL DATA (Please type or use ink)

FULL NAME \_\_\_\_\_

Parents' Names and Occupations: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

High School \_\_\_\_\_ DOB: \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Phone: \_\_\_\_\_

Colleges attended \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

High School Grade Point Average: \_\_\_\_\_

**Part 2:**

- A. Please attach a brief summary of your activities and work experience. Include school, community, church, etc.
- B. Please attach a one-page essay on "How is the health care industry important to you and the State of Wyoming?"
- C. Please attach a brief statement which includes your plans for the future, your career, and life goals.
- D. Please attach letters from 3 character references that have known you for a minimum of 3 years.
- E. Attach transcripts for 7 semesters.
- F. Include copy of driver's license or other ID.
- G. Attach proof of enrollment or acceptance to accredited institution.

APPLICANT'S SIGNATURE \_\_\_\_\_

Please submit to: MHCC Foundation, P.O. Box 460, Rawlins, WY 82301. Questions may be directed to the Foundation Executive Director at 307-324-8378.

## Scholarship Details and Requirements

\*Incomplete applications will not be considered.

### 1. Premise

A. Up to 4 (four) \$500.00 scholarships will be awarded on a one time basis to chosen applicant(s).

### 2. Requirements

- Applicant must be pursuing a career in healthcare and a graduate of Carbon County School District 1 or 2.
- Applicant shall demonstrate previous or current community and/or involvement in extra-curricular activities.
- 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 **OR** 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.
- Applicant must have a minimum GPA of 3.0.
- Applicant shall submit a completed application as outlined under “Part 1.”
- Applicant shall submit all documents as outlined under “Part 2.”

### Selection

A. Applications will be reviewed by a panel of Foundation board members and winners will be selected based on criteria set forth in the requirements of this scholarship.

B. Recipients will be notified via mail and email. Recipient and families will be invited to a Foundation Board Meeting for awards presentation in May.

