



# Memorial Hospital of Carbon County Foundation Board

## SCHOLARSHIP PROGRAM APPLICATION FORM

2021-2022 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.

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 1<sup>st</sup>, 2022.**

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.

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 health care 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 307-324-8378.

# Scholarship Details and Requirements

**\*Incomplete applications will not be considered.**

## 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 or other health care 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 health care 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.





