



Healthcare Professionals Degree Scholarship Application 2026

Please print legibly or type. Late applications will not be considered. Deadline for Fall Semester 2026 is August 15th, 2026.

The Healthcare Professionals Degree Scholarship is designed to help build our clinical team by supporting individuals who desire jobs and careers in rural healthcare. Qualifying candidates are those pursuing an education that will result in a degree. *Certifications are not eligible. Examples include, but are not limited to, Registered Nurses, Respiratory Therapists, Paramedics, Medical Laboratory Technicians, and Radiology Technicians. Candidates will be reviewed and awards will be based on position need(s) of Memorial Hospital of Carbon County.

Submit your completed application with all required documentation to:

MHCC
Attention: COO
P.O. Box 460
Rawlins, WY 82301

Please fill out the following demographic information:

Name (Last, First, MI)	
Mailing Address	
Email Address	
Date of Birth (MM/DD/YYYY)	

PLEASE LIST ALL CERTIFICATES AND DEGREES EARNED TO DATE:

Degree or certificate	Year Awarded	School	City, State, Zip

School and Program to which you have been accepted: _____

Anticipated date of completion: _____

List other sources and value of financial aid available to you:

Where do you work? _____ Number of hours per week? _____

In addition to the completed, signed and dated application, two (2) Letters of Recommendation (*not* written by family members or friends) and current for this school year (example: 2026-2027)), are required with this application.



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The scholarship award must be repaid to MHCC in the event the recipient leaves school before completing the semester for which the award is made, or if the recipient is non-compliant with the terms of the scholarship. An agreement will be entered into between the recipient and Memorial Hospital of Carbon County and will fully outline mutual terms for both parties.

Signature

Date

Please write a brief biographical sketch describing yourself and your career goals (including desired area you wish to work in, i.e. ER, ICU, etc. Describe how this award would help you to reach those goals. Include work experience, school and non-school activities, memberships in organizations, volunteer service, and any other award(s) you have received. Include your responsibilities for dependents in your care, financial need, and plans you have to finance your education. (Please attach additional sheets as necessary)

Criteria

Eligibility

This scholarship award is available to any person from Wyoming, pursuing a healthcare professional degree at an accredited university, college or school.

- Accepted for admission to a higher education university, college or school
- Full-time degree seeking students for semester of application
- Grade point average of 2.5 or better

Application Procedure

Before the deadline date, an eligible student must submit the following:

- A correctly completed, signed and dated application
- A complete biographical sketch of the applicant
- A copy of the acceptance letter from the university, college or school for the current school year which specifies the start date of the program
- Two letters of recommendation with the following restrictions:
 - Letters must have been written with the current school year (i.e. 2026-2027)
 - Letters must from teachers, employers (past or present), clergy, etc. Letters from family members and/or friends will not be accepted.

Award Amount

The award amount is \$5000.00 for the 2027 school year. A check for \$2500.00 for each semester – fall, spring **or** summer – will be awarded.

Scholarships will be paid directly to the student.

Taxes will be deducted from the final award amount.

Selection Process

Selection will be based upon scholastic ability, demonstration of need, educational goals, and adherence to application instructions.



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*Restrictions

A transcript to corroborate a minimum of full-time enrollment and a grade point average of at least 2.5 for the semester just ended must be received before the remainder of the current scholarship award may be distributed. **It is the duty of the recipient to forward the transcript to the same address as the application was submitted. Incomplete or missing transcripts will result in the applicant forfeiting the remainder of the scholarship.**

Recipients will be able to repay the loan in full through full-time (greater than 36 hours) employment per week as an employee with Memorial Hospital of Carbon County for a period of two (2) years from date of hire.

Any recipients who do not fulfill the requirements of the scholarship will not be eligible for future scholarships *and* will be responsible for reimbursing MHCC for the full scholarship amount within two (2) years of the date of receipt of the initial scholarship monies.

The award of this scholarship will be considered as replacement for a sign on bonus for initial employment.

I, _____, have read and agreed to the terms set forth within the Healthcare Professionals Degree Scholarship Application. I acknowledge that if I do not fulfill the requirements of the scholarship, I will be responsible for repayment of all funds paid by Memorial Hospital of Carbon County to me and I will not be eligible for future scholarship opportunities offered by Memorial Hospital of Carbon County.

*Additional agreement will be required upon approval of award.

Signature

Date