



Powell Valley Healthcare Medical Staff

Scholarship Application

Due April 1

The Powell Valley Healthcare Medical Staff scholarship will be awarded to students who reside within the Powell Hospital District and are planning careers related to healthcare.

TO BE CONSIDERED FOR THIS SCHOLARSHIP, APPLICANTS MUST SUBMIT THE FOLLOWING:

1. The most recent transcript from the educational institution you are currently attending.
2. A completed application form, including required attachments. (Application form is on the back of this page)

APPLICANTS WILL NOT BE CONSIDERED IF THE ABOVE REQUIREMENTS ARE NOT MET.

Scholarships will be awarded based on:

1. Financial need.
2. Interest demonstrated by the applicant in health care delivery.
3. Ability to meet the scholastic requirements of the course of study.

Complete application forms must be submitted to the Powell Valley Healthcare Medical Staff by April 1 of each year. The scholarship committee will meet to review the applications and will present their recommendations to the Powell Valley Healthcare Medical Staff. Successful applicants will be notified by the Scholarship Committee. The applicant will notify the committee of acceptance into the college of choice and request payment. A check will be sent by the Medical Staff to the college the student is attending.

Application forms can be obtained from the Powell Valley Healthcare Medical Staff Office located at Powell Valley Hospital, online at www.pvhc.org (Click on Medical Staff Scholarship), and from the guidance office at Powell High School.

APPLICATION DEADLINE:

April 1

SUBMIT APPLICATION TO:

**Powell Valley Healthcare Medical Staff
Medical Staff Services
777 AVENUE H
POWELL, WY 82435**

Powell Valley Healthcare Medical Staff SCHOLARSHIP APPLICATION

(Type or print clearly in ink. Please fill out all required fields to the best of your ability. Type "N/A" if the question does not apply. Do not leave any field blank)

Name: _____
Last First Middle Maiden/Other

Mailing Address:: _____
Street/Box #/Apt #

_____ City County State ZIP

Phone Numbers: _____
Home Phone Work Phone Cell Phone

E-mail address: _____

Current School : _____
Name Expected Graduation Date GPA

College Major/Planned Program of Study: _____

_____ Length of Course of Study Expected Degree

_____ Name of College You Plan to Attend City, State

_____ Have You Been Accepted? Estimated Cost of Tuition, Fees, Books, and Housing Per Semester

FREE FORM ESSAY

Your answers to the following questions will help the scholarship selection committee decide which applicants best meet the eligibility requirements for the Foundation scholarship. Please respond in complete sentences. It is quality, not the length of your responses, that counts. Please attach your essays to this application form.

1. Please describe your future plans and goals. Explain why you chose to pursue your program of study and why the committee should choose you for a scholarship. Minimum word count—500; maximum word count—1000.
2. Discuss your financial situation, including your family's income, assets and expenses. Explain why you qualify for a "need based" scholarship. Will you have any financial assistance paying for college? How important is a scholarship to your education? Minimum word count—500; maximum word count—1000.

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE, AND ON ANY ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ Applicant Signature

_____ Date