



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 service area of Powell Valley Healthcare 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)
3. ACT/SAT scores if not included on transcript.

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.

Completed 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](http://www.pvhc.org) (Click on Medical Staff Scholarship), and from the guidance office at Powell High School.

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**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

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## 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.

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

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Date