

CAMPBELL COUNTY HEALTH CARE FOUNDATION
INITIAL APPLICATION FOR SCHOLARSHIP

Applications must be typed and complete. The following documentation must accompany the application.

- _____ A transcript of grades.
- _____ A letter of acceptance from the school or a statement from the registrar that the applicant is enrolled in a healthcare program.
- _____ Two current letters of recommendation (one from a professor, teacher, or counselor who can evaluate your academic ability and potential; one from a supervisor, clergy, or someone who knows you on a personal level)
- _____ An autobiography with emphasis on career goals and why you chose to enter the healthcare field and what you hope to accomplish. Please include any other things about yourself that may be of interest to the selection committee, such as jobs, internships, or additional experience you have had.
- _____ Applications must be received by the Campbell County Healthcare Foundation Office no later than March 31st. If approved, funding will be available for the fall semester.
Campbell County Healthcare Foundation
Executive Director
PO Box 7193
Gillette, WY 82717
Phone: 307-688-1575

The Foundation office is located on 5th floor of CCMH in Community Relations if you are dropping off the application.

Campbell County Health Care Foundation monies are paid directly to the institution for which the student is enrolled. Such monies will be deposited into the student's account at the institution and may be used for tuition, books, supplies and student fees.

NOTE: In order to receive a second semester payment, recipient must present a copy of previous term end grades. Renewal applications must be completed for each scholarship year.

Upon application for this scholarship, I understand that:

1. My name may be published in advertising or promotional materials as a scholarship recipient.
2. I will submit a copy of previous term grades and proof that I am a student in good standing in order to receive a second semester payment.

Applicant's Signature

Date

PERSONAL INFORMATION

Name _____

Address _____

Permanent Address (if different)

Phone _____

Social Security Number _____

Level of current education _____

Name and address of school or college you plan to attend.

What is your expected year in college during next academic year?

___ 1st-freshman ___ 2nd-sophomore ___ 3rd-junior ___ 4th-senior ___ graduate

Expected college degree or certificate _____

Expected date of completion of college degree or certificate Month _____ Year _____

EXPENSE STATEMENT

Submit the approximate cost of one calendar year of tuition and books. This portion must be completed in order for your application to be considered.

Course Name	Tuition	Books	Other Expenses	Date Begins	Date Ends

Expenses are for: ____ Quarter ____ Semester ____ Year ____ Entire Course

Total funds requested _____ (maximum \$500 per semester)

What academic period(s) do you request financial assistance?

____ Spring Semester, year ____

[illegible]

Student's current income _____

Student's last year income _____

Student's present savings and assets _____

List any other sources of income (child support, parental, spouse, etc.)

Please list any financial aide you are currently receiving or are currently eligible to receive (grants, scholarships, GI Benefits, etc.)

Have you received Campbell County Healthcare Foundation monies in the past? _____

Date(s) _____ Amount _____

Describe in detail the need for financial assistance. Evidence must accompany this application. Attach an additional sheet if necessary.