



# MHSC Staff Scholarship Program

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The Memorial Hospital of Sweetwater County Staff Scholarship was established to encourage young people pursuing health care careers. The purpose of the scholarship is to provide financial assistance to be used to pursue post-secondary education within the health care field. The scholarship shall be open to all Rock Springs High School Health Academy applicants, regardless of race, color, religion, sex, national origin, citizenship, or disability, subject to the following restrictions:

1. Applicant must be a current Rock Springs High School senior (graduating in the spring of 2020), enrolled as a student in the RSHS Health Academy
2. Applicant must demonstrate successful academic performance of at least a 3.0 cumulative GPA
3. Financial need may be considered
4. Applicant must be available for interview if necessary

One scholarship recipient will be chosen. The student will receive a \$1,500 check to be made out to the college of their choice. The following criteria may be verified before the checks are issued to the recipients:

1. Maintain a 90% or better attendance rate
2. Demonstrate an overall positive performance in school and community. This includes NO criminal activity or disciplinary referrals.

Provided that the student maintains the above criteria, the student will receive the scholarship funds upon graduation from Rock Springs High School. If the student fails to maintain the above criteria, the student will not be awarded any portion of the scholarship fund.

To be considered for the Memorial Hospital of Sweetwater County Staff Scholarship, student must submit the scholarship application, an official transcript of grades, two letters of recommendation, and a personal essay addressing the following:

In the application provided, make note that you will be asked to provide an essay of no more than three pages. That essay should include information on your academic history, as well as community service.

We also would like to know why you are interested in health care and what field you have chosen.

Refer to the list of questions on the application and include the answers in your essay.

Don't forget to include all of the required attachments with your application.

**TO APPLY:** Mail attached scholarship application and required documentations to:  
Memorial Hospital of Sweetwater County  
Deb Sutton, Marketing Director  
1200 College Drive  
Rock Springs, WY 82901

Questions? Call Deb Sutton at 307-352-8515



# Memorial Hospital of Sweetwater County

## Staff Scholarship Application

**Attach a typed response to the below items. Please limit your essay to three pages:**

1. Describe your academic performance including grades, homework, attendance, extra-curricular activities, etc.
2. Describe the ways in which you have helped others through community service.
3. Why are you interested in health care?
4. What is your chosen field of study?
5. Why do you think you would be successful in this field?
6. Why do you believe the selection committee should award you this scholarship?
7. Why do you need this scholarship?

### Required Attachments:

- Two letters of recommendation:
  - One from a teacher, principal, counselor, activity sponsor, or coach
  - One from someone outside of school: employer, church leader, community member, adult mentor (Not a family member)
- Personal Essay (addressing the items listed above)
- Official High School Transcript

Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Return completed application to the Memorial Hospital of Sweetwater County Marketing Office – Deb Sutton.

**Applications due March 6, 2020**