

EAST MORGAN COUNTY HOSPITAL FOUNDATION SCHOLARSHIPS
Brush, Colorado

The EMCH Foundation Scholarship program was established in 2000. Any employee of Banner Health Systems in Morgan County is eligible to apply. The amount of each Scholarship will vary according to the number of applications received, and funds available. Completed applications with attachments must be received at the EMCH Foundation office, 242 Cambridge, Brush, Colorado 80723 by April 30 and October 30. Applications received after those dates will not be considered. Scholarship winners will be announced within 45 days of deadlines.

Name _____ **Phone Number** _____

Address _____

Current Position & Supervisor _____

Please answer the following questions on a separate form (type or print clearly):

- 1. What is your educational goal or purpose in applying for the scholarship?**
- 2. Where and what time frame would you be attending school?**
- 3. In granting this scholarship, your financial need may be considered. Briefly give information that will aid the committee in evaluating your need.**
- 4. Winners will be required to remain working in the Morgan County Banner Health System for at least two years following completion of course work. Are you willing to make this commitment?**

ATTACH THE FOLLOWING:

- 1. A signed personal, typed letter of request from the applicant.**
- 2. Two letters of reference, one from a supervisor and one from a person in the community who has worked with you on a non-hospital project.**
- 3. If you are already in a degree program, please submit most recent available transcript.**
- 4. Provide information on any other funding assistance you are receiving for your education.**
- 5. Two to three years of performance ratings.**
- 6. A description of any of your leadership roles within the organization.**

The top applicants will be asked to participate in an interview with the East Morgan County Hospital Scholarship Committee.

Each finalist should give a 5-10 minute presentation. The applicant may utilize PowerPoint or other visual aids. The presentation should describe the person who has been most influential in the applicant's life and why. Additionally, describe how the applicant will utilize what he or she has learned from that influential person to grow personally and as a healthcare professional.

The scholarship will be paid directly to the educational institution on your behalf upon verification of your enrollment. Upon enrollment, please ask the registrar to provide verification of enrollment to the Foundation office. The scholarship may be used for tuition, fees, and books.

Signature of Applicant

Date