



Walter Scott Endowment Foundation Scholarship Application

Name _____ Date _____ Employee # _____

Address _____ City _____ State _____ Zip Code _____

Department _____ Current Position _____ Hire Date _____

Job Status: FT PT

Accredited College or University attending: _____

Date Accepted into Nursing Program: _____

Expected Graduation Date (MM/YY) _____

(Please attach Letter of Acceptance)

Nursing Degree pursuing:

- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctorate

___ I have read and understand the requirements for the Walter Scott Endowment Foundation Scholarship, **including that I must submit an essay.**

___ I certify that all information contained in this application is true, correct and falsification of information may result in denial and/or corrective action.

___ I understand that my coursework must not interfere with my job responsibilities and/or job schedule.

___ I understand there is a commitment to continue my part-time or full-time employment with Cheyenne Regional for two (2) years upon completion of coursework associated with this award.

___ I understand that the Walter Scott Endowment Foundation Scholarship reserves the right to amend or terminate the offering of the Walter Scott Endowment Foundation Scholarship at any time.

___ I understand that this is not a contract of employment, and that all employment with Cheyenne Regional is voluntary and at-will, meaning that I or Cheyenne Regional have the right to terminate the employment relationship at any time, for any reason or no reason, and that this agreement does not alter that at-will employment relationship.

Signed _____ Date _____

Walter Scott Endowment Foundation
Scholarship Requirements

Scholarship Requirements:

- Recipient must be a Wyoming Resident
- Recipient must be a full or part-time employee of Cheyenne Regional Medical Center
- Recipient must maintain a 3.0 GPA and provide evidence of such at the conclusion of each school semester.
- Recipient must be pursuing a degree in nursing or an advanced nursing degree.
- Recipient must be willing to sign a two (2) year commitment to working at Cheyenne Regional Medical Center at the conclusion of his/her studies.

Please submit the following criteria with your scholarship application:

- Proof of applicant's enrollment in nursing degree program.
- Essay on why the applicant should be selected for the scholarship and how the applicant has demonstrated commitment to Cheyenne Regional Medical Center.

Once applications are reviewed, scholarship semi-finalists will attend a short interview with members from the Foundation and Shared Governance Education Council.