



Robert and Ellyn Phillips Medical Scholarship for Nursing and Paramedic Studies Application

Employee Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apt/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: _____ Cell: _____

Email: _____

Current Employment Information

I work full-time at CRMC I work part-time at CMRC I don't work at CRMC.

Current Job Title: _____

Company/Department: _____ Supervisor: _____

Employee ID: _____ *(if CRMC Employee)* Hire Date: _____ *(if CRMC Employee)*

Education Information

College or University: _____

Start Date: _____ Anticipated Graduation: _____

Additional Information

I am pursuing a Nursing Degree Paramedic Certificate Paramedic Degree

My preferred method of communication is Email Phone Call or Text Msg.

I have provided proof of my acceptance into a nursing or paramedic program. If I have not provided proof, I will explain in my essay.

I have attached a short essay demonstrating my desire to be a nurse or paramedic.

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

I understand that if selected I must:

- Be a Wyoming resident.
- Complete the paramedic program or repay the scholarship, or if enrolled in nursing school I must maintain a 3.0 GPA.
- Provide a thank you note to the Foundation board for my scholarship
- Not allow my coursework to interfere with my job responsibilities and/or work schedule
- If current employed or offered employment at CRMC, commit to one year of scholarship for each year scholarship received.
- **Complete my studies at the Laramie County Community College or institution of higher learning in the State of Wyoming.**

I understand the Foundation reserves the right to amend or terminate the offering of this Robert and Ellyn Phillips Medical Scholarship for Nursing and Paramedic Studies at any time.

I understand that this is not a contract for employment, and that all employment with CRMC is voluntary and at-will meaning that I or CRMC has 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 if I am employed at CRMC.

I have read and understand the requirements for the Robert and Ellyn Phillips Medical Scholarship for Nursing and Paramedic Studies.

Signed _____ Date _____