



Dr. Jacob and Holly Merrell Scholarship for Medical Imaging

Employee Information

Personal Information

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

Address: _____
Street Address *Apt/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Cell: _____

Email: _____

Employee ID: _____ Hire Date: _____

Current Job Title: _____

Department: _____ Supervisor: _____

Education Information

College or University: _____

Start Date: _____ Anticipated Graduation: _____

Additional Information

I work full-time **OR** I work part-time.

I am pursuing a/an Associates Bachelors Other Degree

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

I have attached proof of my G.P.A.

I have attached proof of enrollment at Laramie Community College.

I have provided proof of my acceptance into Laramie Community College. If I have not provided proof, I will explain in my essay.

I have attached a short essay demonstrating my commitment to CRMC and why I wish to receive the scholarship.

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:

- Maintain a 3.0 GPA and provide timely evidence of such
- Reside in Wyoming.
- Provide a thank you note to the donor of my scholarship
- Not allow my coursework to interfere with my job responsibilities and/or work schedule
- Commit to continue my employment with CRMC for two (2) years upon completion of coursework associated with this award, if offered employed.

I understand the Foundation reserves the right to amend or terminate the offering of this Dr. Jacob and Holly Merrell Scholarship for Medical Imaging 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.

I have read and understand the requirements for the Dr. Jacob and Holly Merrell Scholarship for Medical Imaging.

Signed _____ Date _____