

# Cheyenne Regional Medical Center Volunteers Past Presidents Scholarship

## SCHOLARSHIP APPLICATION

Full time student pursuing a career in a health related profession.  
You must have been admitted to an Allied Science program to be eligible.

Please fill in the following information and submit to the Scholarship and Financial Aid Office with a copy of your most current transcripts. Deadline to apply is **June 1 by 5 p.m.**

Name	
Address Street City, State, ZIP	
<b>EDUCATION</b>	
High School	<input type="checkbox"/> GED <input type="checkbox"/> Diploma
Address Street City, State, ZIP	
College Major	College GPA
Enrollment status: <input type="checkbox"/> full-time <input type="checkbox"/> part-time	Hours enrolled
Expected graduation date	
<b>CURRENT SOURCES OF FINANCIAL AID</b>	
Scholarships	Amount
Grants	Amount
Work Study	Amount
Other	Amount
<b>PAST EMPLOYMENT</b> Please list most recent employer first.	
Employer	Dates of Employment
Address Street City, State, ZIP	Job Duties
Employer	Dates of Employment
Address Street City, State, ZIP	Job Duties
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Address Street City, State, ZIP	Job Duties

**ACHIEVEMENTS** Please list any achievements, personal and/or scholastic including any school or community organizations in which you are active:

Why have you chosen a health care career?

What are your career plans following graduation?

By checking this box, I hereby certify the provided information is accurate to the best of my knowledge. I also certify that I will allow the Scholarship and Financial Aid Office at LCCC to release any information that is applicable to this application.

\_\_\_\_\_  
Date

# Submission Instructions

Submit application before **June 1**.

Please note the pop-up window that appears after you click Submit.

1. The window will ask you to select your email client.
2. If you use Microsoft Outlook Express, Microsoft Outlook, Eudora or Mail, click “OK” in the pop-up window. The form will be emailed to us.
3. If you use any other client, such as Yahoo or Hotmail, choose “Internet Email,” then click “OK.”
  - The computer will save the form to your hard drive.
  - Open your email account.
  - Attach the form to a message and email it to [FinancialAid@lccc.wy.edu](mailto:FinancialAid@lccc.wy.edu).
4. Please contact Financial Aid at 307.778.1156 to make sure the form was received successfully.

**SUBMIT**

or

**PRINT**

and mail to: Laramie County Community College  
Scholarship & Financial Aid Office  
1400 E. College Drive  
Cheyenne, WY 82007