



### **Prowers Medical Center Scholarship Program:**

This scholarship is available to current nursing/ancillary students who possess a strong desire to provide excellent patient care at Prowers Medical Center in the role of a Registered Nurse, Rad Tech, Respiratory Therapist, Physical Therapist Assistant or Scrub Tech servicing the diverse population of the southeast Colorado region.

#### **Awarded Scholarship Recipient will receive:**

Individuals selected from the pool of qualified applicants will be awarded a scholarship for financial assistance for their final year of School with guaranteed employment after successful completion of Required Licensures.

#### **Scholarship Applicant Requirements:**

- Actively Enrolled in final year of School for desired Licensure
- Must sign commitment for continued employment after graduation
- 2 Letters of recommendation from Instructors
- 2 Letters of recommendation from preceptors
- Must submit scholarship application before deadline
- Participation in scholarship interview process

#### **Commitment Terms based on Scholarship awarded amount:**

\$5,001 - \$10,000	2 Year Commitment
\$10,001 – \$15,000	3 Year Commitment
\$15,001 – \$20,000	4 Year Commitment

Participants in this process who do not complete the agreed upon terms of the proposal either by dropping out of the educational program prior to completion or by not completing the agreed upon length of employment, will be required to repay the financial assistance to Prowers Medical Center. In the event the Team Member's employment is terminated for any reason prior to completing the employment period commitment, an additional 9% fee (calculated on the entire outstanding balance) will be added to the total amount due and shall become payable immediately upon termination.

Employment is based on satisfactory completion of Prowers Medical Center's current hiring requirements.



**Prowers Medical Center Scholarship Application**  
**Application Must be received by November 30, 2023**

Please type or print your answers clearly. If application is illegible, it will be returned to you.

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address : \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code

Phone: \_\_\_\_\_ E mail Address \_\_\_\_\_

Current Degree or Specialty in which Scholarship will be used for: \_\_\_\_\_

**Education**

College/Institution you will be attending Fall of 2023/Spring 2024

Name: \_\_\_\_\_  
Institution name

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code

Phone Number: \_\_\_\_\_

Did you attend this institution during the 2021/2022 school year?  YES  No  
(if no please list previous school information here): \_\_\_\_\_

Current GPA (on 4.0 scale) \_\_\_\_\_

**Financial Information**



Cost of Fall 2023/Spring 2024 year:

Tuition:       \$ \_\_\_\_\_  
Books:         \$ \_\_\_\_\_  
Other fees:    \$ \_\_\_\_\_  
Total:         \$ \_\_\_\_\_

**Disclaimer and Signature:**

*I certify that my information true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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Applicant Signature

Date

### Application Check List

- Completed Application
- Signed Application
- 2 Recommendation Letters from Instructors
- 2 Recommendation Letters from Preceptors

Return Scholarship Application to:

Tisa Hubbard, HR Assistant at [Tisa.Hubbard@prowersmedical.com](mailto:Tisa.Hubbard@prowersmedical.com)

Or Mail to:

Prowers Medical Center

401 Kendall Dr.

Lamar, CO 81052

Attn: Human Resources

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