



# Aspen Mountain Medical Center

## 2025 Scholarship Program

### RSHS/ GRHS/ Farson/ Black Butte

Aspen Mountain Medical Center's 2025 High School Senior Scholarship Program will award one (1) \$1,000 scholarship awarded to a high school senior attending any high school in Sweetwater County.

#### Program Guidelines and Priorities:

1. The Applicant must be a high school senior enrolled in a Sweetwater County high school.
2. The Applicant must hold a 3.0 cumulative GPA and have an ACT score of 22 or higher.
3. The Applicant must plan to attend a two- year community college, trade school, or a four-year college or university.
4. The Applicant must provide three (3) letters of recommendation from community members. One of the letters should be from an individual familiar with the applicant's learning environment.
5. The Applicant must provide a 250–500-word essay introducing themselves, their career goals, and why they should be chosen for this scholarship.
6. The Applicant should have a record of volunteerism within the community and participate in non-school sponsored activities.
7. The Applicant should have a record of participation in extracurricular school activities.
8. Applications must be received by **April 11, 2025**. Applications received past the due date will not be accepted.
9. Applications should be delivered to Aspen Mountain Medical Center in a sealed envelope with attn: Amber Randall, or emailed to [arandall@aspenmountainmc.com](mailto:arandall@aspenmountainmc.com).
10. Applications must include the following. *All items listed must be present or the application will not be accepted.*

- \_\_\_\_\_ Application, completed and neatly written
- \_\_\_\_\_ Personal Essay
- \_\_\_\_\_ Official and sealed transcript from your HS office
- \_\_\_\_\_ Three letters of recommendation

#### Scholarship Payout:

1. Scholarship funds will be **paid in June 2025 directly to the college/university** of the applicant's choice. The scholarship funds will be issued to the college/university upon receiving a certificate of enrollment for the fall semester including the Student ID number and Financial Aid Office address.



# Aspen Mountain Medical Center Scholarship Application

Name: \_\_\_\_\_  
(first) (middle initial) (last)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Cumulative Grade Point Average (GPA): \_\_\_\_\_ ACT Score: \_\_\_\_\_

If you have decided on the college/university you will attend, please list the school name:

\_\_\_\_\_

If undecided, please list your top three (3) college/university choices:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(see next page)



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List any academic honors, awards, and membership activities while in high school.

List hobbies, interests, extracurricular activities and school related volunteer activities.

List non-school sponsored volunteer activities within the community.