



# Aspen Mountain Medical Center 2025 Scholarship Program Western Wyoming Community College Scholarship

Aspen Mountain Medical Center's 2025 Scholarship Program will award one (1) \$1,000 scholarship awarded to any student attending Western Wyoming Community College (WWCC) and enrolled in the Nursing Program.

## Program Guidelines and Priorities:

1. The Applicant must be attending WWCC and enrolled in the Nursing Program.
2. 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.
3. The Applicant must provide a 250–500-word essay introducing themselves, why they've chosen the healthcare industry, what they hope to accomplish as a professional in the healthcare industry and how this scholarship will support those goals.
4. Applications must be received by **April 11, 2025**. Applications received past the due date will not be accepted.
5. 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).
6. 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 WWCC
- \_\_\_\_\_ 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: \_\_\_\_\_

Do you plan to continue your education at WWCC next semester, or will you be taking your studies to a new college/university? Please explain:

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List any academic honors, awards, and membership activities at WWCC and/or while in high school:

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# Aspen Mountain Medical Center Scholarship Application

List hobbies, interests, extracurricular activities and/or any applicable volunteer activities:

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List any job shadowing opportunities you've participated in while enrolled in the WWCC Nursing Program, if applicable:

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