HEART OF THE ROCKIES
REGIONAL MEDICAL CENTER
FOUNDATION

HRRMC EMPLOYEE CAREER DEVELOPMENT SCHOLARSHIP APPLICATION

EMPLOYEE NAME:_____

CURRENT DEPARTMENT & ROLE:_____

ADDRESS:_____

EMAIL:_____

PHONE NUMBER:_____

HOW MANY YEARS HAVE YOU WORKED FOR HRRMC?_____

DATE:

__ March 2026 cycle: application due February 16-27, 2026

__ June 2026 cycle: application due May 15-29, 2026

__ September 2026 cycle: application due August 17-28, 2026

__ December 2026 cycle: application due November 16-27, 2026

1) Is the education you are seeking a:

   __seminar/workshop __on-line education course __certification __degree* __ other

   Please provide an attachment of course information.

   ***If you are receiving a college degree/on-going program, attach your most recent transcripts.**

2) Is this a one-time funding request? If not, how many requests do you anticipate? ____

3) _____I understand if I plan to request funds more than once, the committee may only award one request. (please acknowledge with a check mark or initials)

4) If the committee is unable to fund the full request, will you still pursue this education? Yes or No

5) If this education is desired or required by HRRMC for your current job, have you sought reimbursement or payment from HRRMC Education Assistance Benefits? Yes or No

Please attach your answers for each of the following questions (maximum 300 words each).

- What education are you seeking?
- Why is this important to you? What is your goal?
- How does it benefit HRRMC/health care delivery in the region?
- Is there a current need or priority for this? Please explain.
- What is your plan within the next six months to accomplish your training?

How much assistance are you requesting? _____

Please complete the chart below outlining expenses associated with this training and any other funding you are receiving to cover costs for the training. Please provide estimates for expenses, if available.

List all expenses:	List all financial support:
Tuition, materials, lodging, meals, etc.	I.e. scholarships, HRRMC Educational Assistance, etc.

____ I understand that the HRRMC Foundation/Scholarship Committee may contact managers associated with this request to gather information, not for their permission, and that I may be interviewed by the committee during the process.

_____ _____

Employee Signature Date of Signature

This application, including all attachments, should be returned to HRRMC Foundation by inter-mail or emailed to lezlie.burkley@hrrmc.net by the deadline outlined above.