321 MADISON ST. SHERIDAN, MT 59749 PO BOX 336

ph: (406) 842-5453 fax: (406) 842-5057

Twin Bridges Clinic 104 S. MADISON ST. TWIN BRIDGES, MT 59754 PO BOX 352

ph: (406) 684-5546 fax: (406) 684-5547



Ruby Valley Medical Center Employee Scholarship

Established to provide Ruby Valley Medical Center employees with financial access to continuing education and learning opportunities at an accredited college, university or approved institution/training facility.

Eligibility Requirements

The applicant must be a current or prospective RVMC employee.

The proposed educational course must directly relate to the employee's job and/or profession. Funds may be used and/or applied to course tuition and/or book fees.

Fields of Interest

Medical skill development

Medical education development

Hospital department education development

Limitations

Ruby Valley Medical Center does not make grants for the following purposes or activities:

Mileage reimbursement

Airfare

Meals

Entertainment

Lodging

Research

Course studies are not to be conducted during scheduled work hours

Scholarship Guidelines

Scholarship fund is \$20,000/year total, with no limit on the number of scholarships awarded. Scholarship(s) will be awarded as advised by the Scholarship Committee.

Preference will be given to current RVMC employees.

Scholarship recipient(s) will be required to sign a two-year employment agreement with RVMC.

Application Deadline - February 1, May 1, August 1, and/or November 1

Application

Please submit the application to the Ruby Valley Medical Center Human Resources office by February 1, May 1, August 1, and/or November 1.

Your application must be complete and course information attached.

Name:			
First	Last		
Address:			
Address			
City	State	Zip	
Phone:	Email:		
Current Position at Ruby Valley Medica	al Center:		
Years/Months employed at Ruby Valle	y Medical Center:		

Name of School:	
School Address:	School Phone:
Years Attended and/or Date of Acceptance:	
School Student ID or Scholarship Account:	
Name of Course(s):	Dates of Course(s):
Course Accreditations:	

Please include the following information:

- Brief description of the course you wish to attend
- A letter of support from a work colleague or RVMC Department Manager/Supervisor
- Course content and information
- Reasons for taking this course (2-5 paragraphs)

Thank you for your application!