

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



321 Madison Street
PO Box 336
Sheridan, MT 59749
Phone: (406) 842-5453
Fax: (406) 842-5455
www.RVMC.org

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 Medical Center:

Years/Months employed at Ruby Valley Medical Center:



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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!

EXCEPTIONAL PEOPLE, EXCEPTIONAL CARE