

# Creek Valley Health Clinic

20 S Colvin St. PO Box 418, Colorado City, AZ 86021



Phone: 435.900.1104 Fax: 435.900.1175 www.creekvalleyhc.com

## Creek Valley Health Clinic Employee Scholarship Application

Please download this form, complete it, and return it to [hunter.adams@creekvalleyhc.com](mailto:hunter.adams@creekvalleyhc.com)

Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Program: \_\_\_\_\_

Amount Requested (We typically consider amounts up to \$1,000 per semester): \_\_\_\_\_

What will the funds requested be used for (tuition, books, fees, etc.)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will this education further your career and skills?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_