

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, along with receipts and/or invoices for what the scholarship would be used for.

Date of Application: _____

Applicant Name: _____

Job Title: _____

Name of School: _____

School Program: _____

Semester Start Date: _____ Semester End Date: _____

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?

