



Healthcare Scholarship

DEADLINE: JUNE 1, 2025

In an effort to promote education in the Healthcare field in Carbon County, Utah, Intermountain Healthcare, Castleview Hospital and The Helper Project have partnered to provide funding for an ongoing scholarship program.

The purpose of this scholarship is to support students in the community who are pursuing a career in healthcare. The goal of the scholarship fund is that recipients will complete industry recognized certifications and degrees and will remain in the community or return to work in the community after completing their education.

To qualify the applicant must meet the following criteria:

1. Currently be a senior or a graduate of a Carbon County High School Program.
2. Plan to pursue a career in healthcare.
3. Hold a cumulative GPA of 3.0 or higher in a high school or college program.
4. Submit two letters of recommendation with the application.
5. Submit a current official transcript with the application.

Applications submitted after the deadline will NOT be considered.

Application Process

An application can be found online at <https://www.thehelperproject.net/funding-opportunities>.

Selection Process

Representatives of The Helper Project Scholarship committee will review the applications. Students who are awarded the scholarship will receive \$1,000 per semester for a total of \$2,000 for the 2025-2026 school year. Selection will be based on the student's application, transcript, and letters of recommendation. An interview may be required. The award will be sent directly to the college you will be attending.

*Prior applications will not need letters of recommendation.



Intermountain Healthcare
Healthcare Scholarship
DEADLINE: JUNE 1, 2025

Please complete the application and submit it with two letters of recommendation, as well as your most recent official transcript. An interview may be required.

Applications submitted without two letters of recommendation and an official transcript will NOT be considered.

Full Legal Name _____

Address _____

City, State, ZIP _____

Phone Number _____

Email _____

High School Attending or
Graduated From _____

Date of Graduation _____

College attending in the
2025-2026 School Year _____

Anticipated Healthcare Field _____

Degree or Certification _____

Seeking _____

Applicant Signature _____

Date _____

Submit this application, two letters of recommendation, and a copy of your transcript to:
gohelper@thehelperproject.net