# Banner Health Employee Scholarship
# Employee Verification Form

Financial Aid Office
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Torrington, WY 82240
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This form is used to verify employment for Banner Health employees or eligible immediate family members applying for the Banner Health Employee Scholarship. **ALL fields are required.**

## APPLICANT INFORMATION

Last Name _____ First Name _____ M.I. _____

EWC Student ID Number _____ Scholarship Award Year _____

Mailing Address *(include apartment number)* _____

E-mail Address _____

City, ST, Zip _____

Phone Number *(include area code)* _____

## BANNER HEALTH EMPLOYEE INFORMATION

| | |
|---|---|
| Employee Name: | |
| Employee ID: | |
| Relationship to Applicant: | ☐ Self ☐ Parent ☐ Spouse ☐ Child ☐ Other: _____ |

## EMPLOYEE AUTHORIZATION

**I authorize Banner Health Human Resources to verify my employment for scholarship eligibility.**

Employee Signature: _____ Date: _____

## HUMAN RESOURCES CERTIFICATION

☐ Active Banner Health Employee ☐ Inactive Banner Health Employee Hire Date: _____

Department/Facility: _____

Employment Status: ☐ Full-Time ☐ Part-Time ☐ PRN

Comments (Optional): _____

HR Representative: _____ Title: _____

Phone: _____ Email: _____

HR Signature: _____ Date: _____