Instructions for PRMS Scholarship Application

The Puerto Rican Medical Society at El Paso is considering applicants from our healthcare community for our financial scholarship. The scholarship consists of $2,000 per semester until a degree in a healthcare program is achieved for a maximum of 4 years. The degrees considered are medical, dental, pharmacy, nursing, dental hygiene, physical and occupational therapy.

Applicant requirements:

Statement Letter as why we should consider your application for the PRMS scholarship.

- Hispanic heritage – from El Paso or living in El Paso
- No direct relationship with any members of the PRMS
- Must have a minimum of 3.0 GPA, and maintain it throughout their school program,
- Be of financial aid assistance need (as determine by the W-2)

Please complete the application form.

In addition we need:
- Last W-2(s) or Tax Return
- 2 Reference letters
- Your most Current School Transcript

If accepted, you will also need to send your most current grades transcript at the end of each completed semester, and proof of enrollment for the next semester.

Thank you.

Please email to luquisw@aol.com

Or Mail to

Dr. Wilma Luquis-Aponte
PRMS Scholarship Chair
PO Box 13575
El Paso, Texas 79913

PUERTO RICAN MEDICAL SOCIETY
SCHOLARSHIP APPLICATION

NAME: _____
          FIRST   MIDDLE   LAST

ADDRESS: _____

DATE OF BIRTH ___/___/___   PLACE OF BIRTH _____ DAYTIME PHONE #_____
                Mo Day Year   City   State

EMAIL ADDRESS: _____

Sex: Male_____ Female_____   Marital Status: ___Single   ___ Married   ___Divorced

Spouse's Name: _____
                Last   Middle   First   Maiden Name

Household Yearly Income: _____

Fathers Name: _____   Yearly Income: _____

Mothers Name: _____   Yearly Income: _____

Education:
High School: _____
              Name   Address
         _____
         Years Attended   GPA   Diploma

UNIVERSITY: _____
              Name   Address

Dates Attended:From: ___/___/___To: ___/___/___

GPA: _____   Degree: _____

Post Graduate Degree: _____   Expected Date of Graduation: ___/___/___

I certify that the above information is correct.

Signature: _____   Date: _____

** Please attach 2 letters of recommendation, current transcripts, and your W-2 form for the prior tax year. **