



**THE HOSPITALS OF PROVIDENCE  
MEMORIAL CAMPUS HEALTHCARE VOLUNTEERS  
SCHOLARSHIP APPLICATION - Fall 2023**

**For Healthcare Related Careers**

**PLEASE READ THE FOLLOWING:**

**Applicants working toward an UNDERGRADUATE DEGREE:**

- 1. MUST BE A FULL TIME STUDENT (TAKING AT LEAST 12 CREDIT HOURS)**
- 2. MUST BE ENROLLED AT A LOCAL COLLEGE OR UNIVERSITY (INCLUDES NMSU)**
- 3. MUST BE MAJORING IN A HEALTHCARE RELATED FIELD**

**Applicants working toward a GRADUATE DEGREE:**

- 1. MUST BE A FULL TIME GRADUATE STUDENT**
- 2. MUST BE PURSUING A GRADUATE DEGREE IN A HEALTHCARE RELATED FIELD**
- 3. MAY APPLY EACH YEAR**
- 4. MAY RECEIVE THIS SCHOLARSHIP FOR THREE (3) YEARS ONLY**

**DEADLINE: Thursday March 23, 2023**

**AN EARLIER APPLICATION IS ADVISED.  
LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

**PLEASE PRINT OR TYPE APPLICATION.**

**PLEASE, NO DOUBLE-SIDED COPIES**

**MEMORIAL CAMPUS HEALTHCARE VOLUNTEERS  
SCHOLARSHIP APPLICATION  
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**TO APPLY- APPLICANTS MUST:**

- Plan to attend a LOCAL college or university, including NMSU**
- Complete Application (pages 1, 2, 3, 4) and submit by MARCH 23, 2023 to:**  
**Memorial Campus Healthcare Volunteers  
Attn: Scholarship Committee  
2001 N. Oregon St  
El Paso, Texas 79902**
- Have a current transcript attached to application, which shows identifiable GPA**
- Have two current letters of recommendation.  
(Example: Professor, employer, pastor, etc.) Letters from relatives will not be accepted.**
- PLEASE, NO DOUBLE-SIDED COPIES.**

Name: \_\_\_\_\_  
                    Last  First  Middle

Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

High School Attended: \_\_\_\_\_

High School Grad. Date: \_\_\_\_\_

Date entered (or entering) College: \_\_\_\_\_

University/College Name: \_\_\_\_\_

Cumulative College Hours: \_\_\_\_\_ GPA: \_\_\_\_\_

Proposed Major: \_\_\_\_\_

College Graduation Date (if applicable): \_\_\_\_\_

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**In the space below, list all community or volunteer work involvement.  
Include number of hours worked and dates.**

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**TYPE: A personal statement about yourself, your career goals and how you chose this career path. Include how this scholarship will help you achieve your goals.**

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Are you currently employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

Association with The Hospitals of Providence other than employment?

\_\_\_\_\_ **Current Volunteer** (start date and number of volunteer hours completed) \_\_\_\_\_

\_\_\_\_\_ **Related to a Current Employee or a Current Volunteer:** if so, name of employee or volunteer, relationship and department they work in:

\_\_\_\_\_ **No Association with The Hospitals of Providence**

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Any scholarship moneys awarded will be submitted directly to the respective University/College Scholarship Department and administered through that department.

I understand that if I do not attend a LOCAL college or university, any scholarship awarded to me from Memorial Campus Healthcare Volunteers will be forfeited.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return your application to:**

**THOP Memorial Campus**

**Healthcare Volunteers**

**ATTN: Scholarship Committee**

**2001 N. Oregon St**

**El Paso, Texas 79902**

**APPLICATION DEADLINE: MARCH 23, 2023**