

# THE HOSPITALS OF PROVIDENCE MEMORIAL CAMPUS HEALTHCARE VOLUNTEERS SCHOLARSHIP APPLICATION - Fall 2024

## **For Healthcare Related Careers**

#### PLEASE READ THE FOLLOWING:

#### Applicants working toward an <u>UNDERGRADUATE DEGREE MUST BE</u>:

- 1. A full time student (Taking at least 12 credit hours)
- 2. Enrolled at a local college or university (Includes NMSU)
- 3. Majoring in a Healthcare Related Field

#### Applicants working toward a **GRADUATE DEGREE MUST BE**:

- 1. A full tine graduate student
- 2. 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:** Monday, March 25, 2024

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

#### PLEASE PRINT OR TYPE APPLICATION.

#### PLEASE, NO DOUBLE-SIDED COPIES

#### TO APPLY- APPLICANTS MUST:

1. Plan to attend a LOCAL college or university, including NMSU

#### 2. PRINT OR TYPE ALL INFORMATION

3. Submit Completed Application (pages 1, 2, 3, 4) by MARCH 25, 2024 to:

Memorial Campus Healthcare Volunteers Attn: Scholarship Committee 2001 N. Oregon St. El Paso, Texas 79902

- 4. Have a current transcript attached to application, which shows identifiable GPA.
- 5. Have two <u>current</u> letters of recommendation. (Example: Professor, employer, pastor, etc.) Letters from relatives will not be accepted.
- 6. NO DOUBLE-SIDED COPIES.

Name:			
Name: Last	First	Middle	
Date of Birth:			
Permanent Address:_			· · · · · · · · · · · · · · · · · · ·
City:	State:Zip Code:	Telephone #:	
High School Attended	<b>:</b>		_
High School Grad. Da	te:		
Date entered (or enter	ing) College:		
University/College Na	me:		
Cumulative College Hours:		GPA:	
Proposed Major:			
College Graduation D	ate (if applicable):		

In the space below, list all <u>community</u> or <u>voluntee</u>r work involvement. Include <u>number of hours worked and dates.</u>

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.

Are you currently employe	ed? If so, where?
Association with The Hosp	oitals of Providence other than employment?
	nt Volunteer (start date and number of volunteer hours eted
	d to a Current Employee or a Current Volunteer: if so, name of se or volunteer, relationship and department they work in:
No Ass	ociation with The Hospitals of Providence
	*******
Any scholarship moneys a	awarded will be submitted directly to the respective University/College
Scholarship	Department and administered through that department.
I understand that if I do not a	ttend a <u>LOCAL</u> college or university, any scholarship awarded to me from
Memor	rial Campus Healthcare Volunteers will be forfeited.
Signature:	Date:
	Daturn your application to

Return your application to:
THOP Memorial Campus

**Healthcare Volunteers** 

**ATTN: Scholarship Committee** 

2001 N. Oregon St.

El Paso, Texas 79902

**APPLICATION DEADLINE: MARCH 25, 2024**