THE HOSPITALS OF PROVIDENCE
MEMORIAL CAMPUS HEALTHCARE VOLUNTEERS
SCHOLARSHIP APPLICATION - 2021

For Healthcare Related Careers

PLEASE READ THE FOLLOWING:

FOR STUDENTS WORKING TOWARD AN UNDERGRADUATE DEGREE:

APPLICANTS MUST BE FULL TIME STUDENTS AT A LOCAL COLLEGE OR UNIVERSITY, INCLUDING NMSU FOR HEALTHCARE RELATED MAJORS only (TAKING AT LEAST 12 HOURS MINIMUM)

GRADUATE DEGREE PROGRAM APPLICANTS MAY APPLY EACH YEAR, BUT ARE LIMITED TO RECEIVE THIS SCHOLARSHIP FOR THREE YEARS ONLY

DEADLINE: Thursday March 18, 2021

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

PLEASE PRINT OR TYPE APPLICATION.

PLEASE, NO DOUBLE-SIDED COPIES
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TO APPLY- APPLICANTS MUST:

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

2. Complete this form (pages 1, 2, 3, 4) completely and return to:
   Memorial Campus Healthcare Volunteers
   Attn: Scholarship Committee
   6709 Mesa Grande
   El Paso, Texas 79912

3. Have a current transcript attached to application, **which shows identifiable GPA**

4. Have two current letters of recommendation. (Example: Professor, employer, pastor, etc.) Letters from relatives will not be accepted.

5. Include a **typewritten personal** statement about yourself, what your career goals are and why.

6. **PLEASE, NO DOUBLE-SIDED COPIES.**

Name:________________________________________________________
   Last     First                  Middle

Date of Birth: ___________________________SSN#: _____________________

Permanent Address:________________________________________________________
   City:_________________State:_____Zip Code:_________Telephone #:________________

High School Attended:_______________________Graduation Date:__________________

Date entered (entering)College:______________________________________________

University/College Name:______________________________________________________

Proposed Major:_______________________________GPA:________________________

Cumulative College Hours:____________________Career Goal:____________________
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1. In the space below, list all community or volunteer work involvement, and dates.

2. In the space below, please tell us how this scholarship money from The Hospitals of Providence Memorial Campus Healthcare Volunteers will help you.
TYPE a personal statement about yourself, how you chose this career path and what your career goals are.
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Are you currently employed?_______ If so, where?________________________________

What is your association with The Hospitals of Providence Memorial Campus?

_____Current Employee

_____Current Volunteer (start date and number of volunteer hours completed__________________________________________________

_____Related to a Current Employee or a Current Volunteer: if so, name, relation and department they work in:

_________________________________________

_____No Relation

Estimate your school expense for the coming school year:___________________________

Estimate amount of financial aid you expect to receive including other scholarships, grants and awards:___________________________________________________________

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

Signature: ______________________________________Date:________________________

Return your application to:
Memorial Campus Healthcare Volunteers
ATTN: Scholarship Committee
6709 Mesa Grande
El Paso, Texas 79912