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

For Healthcare Related Careers

PLEASE READ THE FOLLOWING:

Applicants working toward an UNDERGRADUATE DEGREE MUST BE:

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 time 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
MEMORIAL CAMPUS HEALTHCARE VOLUNTEERS
SCHOLARSHIP APPLICATION
For Healthcare Related Careers - Fall 2024

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

6. **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

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 25, 2024