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. **