



**MEMORIAL CAMPUS HEALTHCARE VOLUNTEERS
SCHOLARSHIP APPLICATION - Fall 2025
For Healthcare Related Careers**

REQUIREMENTS

APPLICANTS MUST:

1. Be registered to attend a LOCAL college or university (including NMSU)
2. Be a Full Time Student (12 credit hours for undergrad) in the Fall 2025 Semester
3. Be majoring in a healthcare related field.
4. Attach a current transcript with an identifiable GPA to application.
5. Attach two current letters of recommendation.
(Example: Professor, employer, pastor, etc.) Letters from relatives will not be accepted.
6. Submit completed application (pages 1, 2, 3, 4, 5 and above named attachments) by April 4, 2025 to:

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

7. NO DOUBLE-SIDED COPIES

NOTE: Graduate Students may apply to receive this scholarship for a maximum of 3 years.

I _____ have read and understand the above requirements.
(PRINT NAME)

I meet these requirements and have submitted the necessary documents in the format requested.

Signature

Date

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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) University/College: _____

University/College Name: _____

Cumulative College Hours (if applicable): _____ **GPA:** _____

Proposed or Current Major: _____

University/College Graduation Date (if applicable): _____

Check one below:

In Fall 2025 I will be: _____ **Entering University (Currently a High School Senior)**
 _____ **Continuing as an Undergraduate University Student**
 _____ **a Graduate Student**

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In the space below, list all community or volunteer work involvement. Include date, organization, volunteer work performed and number of hours.

For example:

Aug 2023 - May 2024	THOP	Labor & Delivery	100 hours
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APPLICANT'S NAME: _____

PRINT NAME

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TYPE: A personal statement about yourself, your career goals and how and why you chose this career path.

[NOTE: You may attach additional pages if necessary, but please DOUBLE SPACE.]

APPLICANT'S NAME: _____
PRINT NAME

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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 I must be attending a LOCAL college or university during the Fall 2025 semester.
Otherwise, 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: April 4, 2025

APPLICANT'S NAME: _____

PRINT NAME