



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

MEMORIAL CAMPUS HEALTHCARE VOLUNTEERS SCHOLARSHIP APPLICATION For Healthcare Related Careers – 2021

Page #1

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:** _____

**MEMORIAL CAMPUS HEALTHCARE VOLUNTEERS
SCHOLARSHIP APPLICATION
For Healthcare Related Careers - 2021**

Page #2

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.

**MEMORIAL CAMPUS HEALTHCARE VOLUNTEERS
SCHOLARSHIP APPLICATION
For Healthcare Related Careers - 2021**

Page #4

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**