THE HOSPITALS OF PROVIDENCE
MEMORIAL CAMPUS
HEALTHCARE VOLUNTEERS
SCHOLARSHIP COMMITTEE

TO: Socorro ISD

FROM: Pat O'Toole
Scholarship Committee
533-3070

NAME: Tammi Mackeben

DATE: Jan. 20, 2020

FAX NO: 851-7930

NO. OF PAGES: 5
(including cover sheet)

Attached is a copy of the Memorial Campus Healthcare Volunteers Scholarship Application for 2020. This scholarship is for the Fall Semester. Award amounts are: $1,000.00 for High School applicants, and $2,000.00 for Undergraduates and Graduates. Applicants must be attending a LOCAL college or University.

Additional copies of the application are available at the Information Desk at Memorial Campus, or on-line at our Web-Site, The Hospitals of Providence.

THE HOSPITALS OF PROVIDENCE
MEMORIAL CAMPUS HEALTHCARE VOLUNTEERS
SCHOLARSHIP APPLICATION - 2020

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
(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: March 19, 2020

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 – 2020

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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) completely and return to:

   The Hospitals of Providence Memorial Campus Healthcare Volunteers
   Attn: Volunteer Services/ Scholarship Committee, 2001 North Oregon,
   El Paso, Texas 79902

   or drop off your application at the Information Desk in the hospital lobby.
3. Have a current transcript attached to application, which shows identifiable GPA
4. Have two current letters of recommendation mailed to the above address. (Example: Professor, employer, pastor, etc.) Letters from relatives will not be accepted.
5. Include a typewritten personal statement of 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 - 2020

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1. In the space below, list all community or volunteer work involvement, and dates.

2. In the space below, please prepare a statement regarding how a scholarship from The Hospitals of Providence Memorial Campus Healthcare Volunteers would help you achieve your educational goals.

MEMORIAL CAMPUS HEALTHCARE VOLUNTEERS
SCHOLARSHIP APPLICATION
For Healthcare Related Careers - 2020

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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, how, whom and department_____

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

Signature: _____Date:_____

Return your application to:

The Hospitals of Providence Memorial Campus Healthcare Volunteers

ATTN: Volunteer Services/ Healthcare Volunteers Scholarship Committee

2001 North Oregon

El Paso, Texas 79902