



**THE HOSPITALS OF PROVIDENCE
MEMORIAL CAMPUS HEALTHCARE VOLUNTEERS
SCHOLARSHIP APPLICATION - 2019**

For Healthcare Related Careers

PLEASE NOTE THE FOLLOWING:

**FOR STUDENTS WORKING TOWARD AN UNDERGRADUATE DEGREE:
APPLICANTS MUST BE FULL TIME STUDENTS
(TAKING AT LTRANS MOUNTAIN 12 HOURS MINIMUM)**

***GRADUATE DEGREE PROGRAM APPLICANTS MAY APPLY EACH YEAR, BUT ARE
LIMITED TO RECEIVE THIS SCHOLARSHIP FOR THREE YEARS ONLY***

DEADLINE: March 15, 2019

**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 SCHOLARSHIP1 APPLICATION For
Healthcare Related Careers – 2019**

Page #1

TO APPLY- APPLICANTS MUST:

1. 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.

2. Have a current transcript attached to application.
3. Have two current letters of recommendation mailed to the above address.
(Example: Professor, employer, pastor, etc.) Letters from relatives will not be accepted.
4. Include a typewritten personal statement of yourself, what your career goals are and why.
5. **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: _____

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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.

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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