

2020-2021 ENMU-Roswell Displaced Worker Healthcare Scholarship Application



First Name:	Last Name:	Student ID:
Address:		Date of Birth:
City, State, Zip:		Phone:
Healthcare Program of Study (must m	atch the major on record with Admiss	ions & Records Office):
The following documents m	ust be submitted with the com	npleted scholarship application:
☐ Proof of Unemployme	ent due to COVID-19	
☐ Docu	mentation from Unemploymer	nt Office <u>OR</u> ;
☐ Signe	ed letter from previous employ	ver (must be on official letterhead)
☐ Valid, State-Issued N	ew Mexico Photo ID	
	nderstand that continuation of my	t I only enroll in courses required on my degree plan in an y scholarship requires that I meet all continuation requirements
Please note that Mandato	ry Drug Screening and Background C	Checks are required for all Healthcare programs.
scholarship award is based on	the availability of funds. Schola	Roswell Displaced Worker Healthcare Scholarship and that the rship applications will be processed on a first-come, first-serve tion for Federal Student Aid (FAFSA).
Student Signature		Date

Complete Application packets should be returned to: ENMU-Roswell Financial Aid Office