

## Continuity of Care Scholarship



### **ATTENTION: PLEASE READ THIS FIRST**

*This scholarship is offered to students who meet the following conditions:  
Students who are enrolled in the following:*

- **All Division of Health Programs** (Child Development, Dental Assisting, Dental Hygiene, EMS, American Heart Association Training Center, Medical Assisting, Medical Coding, Nursing, Nursing Assisting, Occupational Therapy Assistant, Pharmacy Technician, Phlebotomy, Respiratory Therapy, Smoking Cessation).
  - In the **Division of Liberal Arts**, students enrolled in Alcohol and Drug Abuse Studies and Human Services.
  - In the **Division of Business and Science**, students enrolled in Biology, Business, Chemistry, Management, and Marketing.
  - In the **Special Services Department**, students who are pursuing a career as a Child Care Attendant, a Certified Nursing Assistant, and Office Skills.
- Students enrolled at Eastern NM University-Roswell, NM.
  - Students must be a Chaves County resident.
  - Students who have a financial need.
  - Full-time students, 12 credit hours or more for Fall and Spring Semesters.
  - Students who have a cumulative GPA of 3.0 or above.
  - Application form must be completed in its entirety on the form supplied by the committee with all items answered and official transcript attached (if transcript is not attached or if application is not signed, applicant will not be considered).
  - Students must submit a letter of interest explaining professional goals.

Scholarship will be awarded to one student in the amount of \$500.00

# CONTINUITY OF CARE SCHOLARSHIP APPLICATION FORM

## Deadline for Application is September 6<sup>th</sup>, 2019

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER(S): \_\_\_\_\_ Age: \_\_\_\_\_

Number of college hours completed: \_\_\_\_\_

Number of hours left to complete degree: \_\_\_\_\_

Number of hours taking in semester for which this scholarship applies (Fall 2019) \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

**\*\*Attach a copy of applicable OFFICIAL TRANSCRIPT (College or high school). Failure to include transcripts will disqualify you for consideration for this scholarship**

### PLEASE ANSWER THE FOLLOWING QUESTIONS

1. What type of work do you plan on doing when you graduate?

\_\_\_\_\_

2. What career goals do you have? \_\_\_\_\_

\_\_\_\_\_

3. What personal goals do you have? \_\_\_\_\_

\_\_\_\_\_

4. What do you consider to be your best professional attributes: \_\_\_\_\_

\_\_\_\_\_

5. What have you done in the way of investigation, volunteer or community service to find out about your chosen profession? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Are there any extenuating circumstances about your transcripts that you would like to explain? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE SUBMIT A ONE PAGE LETTER OF INTENT EXPLAINING YOUR FUTURE GOALS. THE LETTER SHOULD BE NO MORE THAN ONE PAGE, SINGLE SPACED AND SHOULD DISCUSS THE PRIMARY ATTRIBUTES YOU WOULD BRING TO A HEALTHCARE PROFESSION. IDENTIFY SOME OF THE DIFFICULTIES YOU HAVE OVERCOME AND WILL HAVE TO OVERCOME TO MEET YOUR PROFESSIONAL GOALS.**

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Only complete applications will be considered. Use "N/A" if a blank does not apply. Preference will be given to those applicants with a strong academic record and are planning to enter the healthcare industry in some capacity.

Did you complete the application in its entirety? YES \_\_\_\_\_ NO \_\_\_\_\_

Did you submit a one page letter of intent? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a cumulative GPA of 3.0 or better? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a full-time student? YES \_\_\_\_\_ NO \_\_\_\_\_

Did you submit your OFFICIAL transcripts with the application packet?  
YES \_\_\_\_\_ NO \_\_\_\_\_

***I certify that the above information is accurate and complete to the best of my knowledge. I hereby give permission to use the information provided on this application for recognition purposes if selected. I also give permission to release information concerning my academic progress and financial aid data to donors of the scholarship I may receive.***

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN APPLICATION TO: EASTERN NEW MEXICO UNIVERSITY-ROSWELL  
STUDENT FINANCIAL AID OFFICE  
ATTENTION: CONTINUITY OF CARE SCHOLARSHIP  
P.O. BOX 6000  
ROSWELL, NM 88202-6000