

EASTERN NEW MEXICO MEDICAL CENTER AUXILIARY
SCHOLARSHIP APPLICATION INSTRUCTIONS

PLEASE READ CAREFULLY

If it is your responsibility to provide all information requested to be considered for a scholarship. Enclose all information in one large envelope and deliver it to the Volunteer Services Department by the deadline. Your information should include a completed application, essay signed and dated, certified unopened transcripts or computer printout of current progress report and two signed and dated unopened letters of reference. You will need new references each time that you apply for the scholarship. Please ensure that your references know to sign and date the letters. Do not send the packet certified. All completed scholarship packets should be delivered to the Volunteer Services Department, ENMMC, 405 W. Country Club Road, Roswell, NM.

For your application packet to be considered, the following must be in the Volunteer Services Department by the deadline printed at the top of the application.

- I. Application must be completed in its entirety. Please answer all questions.
- II. One-page essay responding to all question asked on the application. If you are a recurring applicant, your new, dated and signed essay should include your current status and the progress you've made in meeting your goals. Members of the Scholarship Committee want to know your advancements in the health care field. Please remember to sign and date the essay.
- III. Unopened official current transcripts must be included in your packet. It is you responsibility to verify that the transcripts are complete and current. If the current certified transcripts are unavailable before the scholarship deadline, you may send a computer generated progress report.
- IV. Your packet should include two signed, dated and un-opened letters of reference. The letters should be from a pastor, teacher, employer, or former employer, etc. If you are reapplying for the scholarship, please submit signed, dated and unopened letters of references from different people. It is your responsibility to contact these people, ask them to sign and date their letters of reference and place them in a sealed envelope for you to place in your packet.
- V. All application material is confidential and the property of NEMMC Hospital Auxiliary, Inc. Scholarships are awarded at the discretion and decision of the Scholarship Committee and are not guaranteed. You will be notified by mail if your scholarship is awarded or denied.
- VI. If you return your packet on a weekend or after hours, slide it under the door to the Volunteer Services Department located at the lower level behind the bell at Easter New Mexico Medical Center, 405 W. Country Club Road, Roswell, NM.
- VII. Effective immediately, the Auxiliary Scholarship will be offered for the spring and fall semesters only.
- VIII. Because of the confidential and privacy concerns, any conversations regarding the scholarships will be with the applicant only.

If you have any questions, please feel free to contact the
Volunteer Services Department at 575-622-8170 Ext. 5170.

Thank you!

**EASTERN NEW MEXICO MEDICAL CENTER AUXILIARY
SCHOLARSHIP APPLICATION FORM FOR FALL SEMESTER 2019
DEADLINE: MONDAY, SEPTEMBER 9, 2019, 4:30 PM**

*This scholarship is offered to students who are pursuing their careers in the healthcare field. Each application must have completed at least one semester of college, be from Roswell or the immediate surrounding community and have a minimum **OVERALL GPA OF 3.0.***

NAME _____ SS# _____

ADDRESS: _____ CITY _____ ZIP CODE _____

TELEPHONE _____ DOB _____ EMAIL _____

NUMBER OF COLLEGE HOURS COMPLETED _____ OVERALL GPA _____

NUMBER OF DEPENDENTS _____ SPOUSAL INCOME _____

ADDITIONAL INCOME: ITEMIZE AVERAGE ANNUAL INCOME: (EXAMPLE: PERSONAL EARNINGS, FINANCIAL AID, AND ALL OTHER INCOME AND SUPPORT.) DO YOUR PARENTS OR OTHERS CONTRIBUTE TO YOUR EDUCATION AND HOW MUCH?

Two original, unopened, signed and dated letters of reference must be in your application packet and received in the Volunteer Services Department by the deadline. The reference letters should be **SEALED** and from a pastor, teacher, employer, supervisor, etc. The reference letters should not be from relatives, personal friends, classmates or co-workers. New references are required each time you apply for the scholarship.

Goals of the applicant: In a well-developed, one-page essay, please tell us your future goals, the attributes you believe you would bring to the healthcare field and the difficulties you have overcome and will have to overcome to meet this goal. Answer each question: **What do you think is involved in a healthcare career? Do you know someone already working in this field? What have you done in the way of investigation, volunteering or community service to find out about your chosen profession?** Please respond to all of the questions. Be sure to sign and date your essay.

If you are a recurring applicant, you will need to provide a new, one page, dated and signed essay that should include your current status and the progress you have made in the healthcare field. Members of the Scholarship Committee want to know your advancements from the previous semester.

Please return you completed application packet in ONE large envelope including your signed and dated essay, certified unopened transcripts or current progress report and two signed, dated and sealed letters of reference.

If I am awarded a scholarship, I agree that my name may be published in articles, announcements, or on social media by ENMMC Auxiliary.

(I AGREE _____ I DO NOT AGREE _____)

Information obtained is confidential and will be seen only by members of the Scholarship Committee. Copies of applications will be destroyed. The scholarships are awarded at the discretion of the Scholarship Committee and are not guaranteed.

SIGNED: _____ **DATED:** _____

OFFICE USE ONLY: APPLICATION RECEIVED ON: _____ BY: _____