

# ENMU-Roswell Foundation

## ENMU-Roswell Maria de Los Angeles Gonzalez Scholarship Application

Semester Applying for: Fall \_\_\_\_\_ Spring \_\_\_\_\_

The purpose of this scholarship is to provide financial assistance for tuition, fees, books, and/or program expenses for a student attending ENMU-Roswell. Two (2) \$600 scholarships are available to be awarded each Fall and Spring semester.

Consideration shall be given to students who:

- Are enrolled in at least 12 credit hours for current semester
- Are continuing students with 12 credit hours attempted/completed in previous semester
- OR** can be enrolled part-time if coming directly from high school
- Have a minimum accumulative GPA of 2.5
- Are majoring in Nursing, health related field or Teacher Education
- Are a single parent
- (Recommended)** Demonstrate unmet financial need as determined by the Financial Aid Office by submitting the Free Application for Federal Student Aid (FAFSA). All requirements to complete the financial aid file must be processed and finalized prior to submitting this application.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

ENMU-Roswell Student ID Number: \_\_\_\_\_ Age: \_\_\_\_\_

Local Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP Code)

Best Telephone Number for Contact: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

- \*Please write and attach a brief explanation of your career objective and educational goals**
- \*Please write and attach a brief statement as to how this scholarship would impact your educational goals**

I certify that the information I have supplied on this application is complete and accurate to the best of my knowledge, and I understand that knowingly submitting inaccurate or false information will result in the denial or loss of any scholarship awards. I also understand that incomplete applications will not be considered. I do hereby consent to the release of information concerning my academic and financial status to scholarship donors.

I understand that if I am chosen as a recipient, I must also send **a letter of thanks to the donors of this scholarship** prior to receiving any funding.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed applications via mail or in person:

Eastern New Mexico University-Roswell  
Financial Aid Office-Student Services Building  
52 University Boulevard  
P.O. Box 6000-Roswell NM, 88202