



EL CENTRO FAMILY HEALTH

Board Scholarship Application



\$4,000 Scholarship Award (paid \$2,000 per semester)

Please note: Due date for the application packet for the Fall/Spring Year is **July 1**

Due date for application packet for the Spring/Fall Year is **November 1**

Incomplete and/or late applications will not be considered.

El Centro Family Health

Our Mission

The mission of El Centro Family Health (ECFH) is to provide affordable, accessible, quality health care to the people of Northern New Mexico. Developing a healthy body, mind, and spirit is a lifelong journey.

In Northern New Mexico, the quality of this journey is enriched and interwoven with the traditions, history, and culture of the people. Distance, isolation, economics, and the lack of information are major obstacles to achieving that quality of living.

We strive to improve the quality of life by bringing primary health care and basic health education to the people of Northern New Mexico. Through a system of clinics and cooperative programs, El Centro offers vital health services in a caring and supportive environment. We serve the people of this region and help to preserve the unique traditional qualities that define life in Northern New Mexico.

The Semillas De Salud Program

The original Semillas De Salud ('Seeds of Health') program was created to 'grow' our own health professionals. The program has since been expanded to become a Healthcare Services Program. As the program has grown, it has become apparent that students have a need for financial assistance as well.

The ECFH Board Scholarship

For this reason, the ECFH Board is offering scholarships to provide financial support to those interested in becoming a health care professional or those who wish to work in some capacity in the health care field. This program is available for people from the communities that ECFH serves and who are enrolled full time (12 credits or more) in classes toward a career in the Health Care services field, including and not limited to: Physicians; Physicians Assistants; Family Nurse Practitioners; Nurses; Psychiatry and Behavioral Health practitioners; Home Health care providers; Dentists; Dental Hygienists and Assistants.

Also eligible are all positions in the administration of Health Care. These include and are not limited to: Management; Operations; Financial; Medical Billing; Medical Records; Human Resources; Maintenance; Secretarial; Administrative or other positions in a health-related occupation.

The Scholarship program is available to current PRN employees of ECFH. Other current employees of ECFH are **not** eligible for a scholarship award. If you have a question about your eligibility for an ECFH scholarship, please call 505-753-7218.

The Selection Process

The Scholarship is administered and managed by the Scholarship Committee of the Board of Directors of ECFH. Scholarship applications received by the designated due dates are subject to a review who meet all requirements will be recommended to the full Board of Directors for award of the scholarship, subject to available funding and provided that all information received is still valid at the time of the award.

Scholarship awards are sent to the School of Record for distribution to the awardee.

ECFH Board Scholarship Application

Name: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zipcode: _____

Home phone: _____ Cell: _____ Email: _____

This application is for the academic year from (M/Y) _____ to (M/Y) _____

Date of school acceptance: _____ **(Include a copy of your letter of acceptance from the College with this application)**

(Proof of full-time attendance [12 credits] is required; please be sure to include your document(s) which show the classes and class credits for which you have enrolled in; if these documents are not available to include with this application, please forward them as soon as you receive them. Scholarships will not be awarded until proof of full-time credits are received.

Complete name, address, and phone number of school where scholarship award is to be sent:

A recommendation is required:

A recommendation form must be given to a teacher, advisor or mentor who knows you well. The form- is on pages 6 of this application). If you are re-applying for a scholarship, a new recommendation is required.

List the names, address, email address and phone numbers of the person you have asked to complete the recommendation form:

Name	Address	Phone	Email

General Information About You

List of high school(s) and other post-high school(s) you have attended:

School Name	Address

List any activities, leadership positions and significant responsibilities in school, community, employment, home, etc. in which you have been, or are currently engaged:

List honors (scholastic, citizenship, artistic, etc.), awards, and other forms of recognition received:

List hobbies and special interests:

Describe your career objective, career path or focus:

Personal Statement

This portion of the application is intended to give the Board Scholarship Committee a better sense of you as a person and as a student. Your statement should include factors such as family, culture, education, etc. that have most influenced your development as a person committed to pursuing your educational goals. Also, please detail your personal thoughts on why you wish to become a member of the medical profession, health career field or support staff. (Please limit your statement to 250 words or less). (If possible, please type your personal statement on a separate sheet of paper and be sure to include it with this application).

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Form: "Recommendation from an educator, advisor or mentor who knows you well"

Applicant's name: _____

The above-named student is applying for a scholarship from El Centro Family Health. These scholarships are available to all individuals from the local area who are pursuing health careers, including support staff. Recipients will be selected by the Board of El Centro Family Health. This form will be kept confidential.

Your assistance in evaluating this applicant is greatly appreciated. Recommendations are a key part of the application process. Please be as descriptive as possible. Please type your information, to include the following (you may use a separate sheet of paper):

How long, and in what capacity, have you known this applicant?

Please comment on why you feel this applicant deserves a scholarship.

Please comment on the applicant's strengths and challenges.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Address: _____

Telephone: () _____

Your recommendation letters must be postmarked or received via email by the Board Scholarship Committee **for the Fall/Spring School Year by July 1, at 4 p.m.**

Or - for the Spring/Fall School Year no later than November 1, at 4 p.m.

Please send the application to:

El Centro Family Health, c/o Scholarship Committee, 538 N. Paseo de Oate, Espanola, NM 87532

Or – Call or Email our scholarship team at: 505-753-7218 scholarship@ecfh.org

Official Transcript Request

Applicant's Full Name: _____

To whom it may concern:

I am applying for a scholarship from El Centro Family Health. I request that the following information be released to the addressee below:

- 1) A copy of my complete academic record, including:
 - a) An official transcript of work completed, and
 - b) A listing of courses in which I am currently enrolled, if applicable.

Note: Official documents are requested. These documents must be postmarked or received by the Board Scholarship Committee no later than the above-mentioned submission dates.

Please send transcript information to:

El Centro Family Health, c/o Scholarship Committee

538 N. Paseo de Oate

Espanola, NM 87532

Scholarship Application Checklist

- ☐ Completed Application
- ☐ Personal Statement, if separate sheet was used
- ☐ Recommendation from an educator, advisor, or mentor (sent to ECFH)
- ☐ Letter of acceptance from the school or other proof of full-time (12 credits) enrollment
- ☐ Official Transcripts request sent to school(s) (or if you already have them, include with your application).

Due date for the application packet for the Fall/Spring Year is **July 1**

Due date for the application packet for the Spring/Fall Year is **November 1**

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Signature of Applicant: _____

Today's Date: _____