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# EL CENTRO FAMILY HEALTH

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## **Board Scholarship Application**



Please note: Due date for application for the Spring Semester is December 1<sup>st</sup>. Due date for application for the Fall Semester is April 1. Late entries will not be accepted.

## **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 Primary Care Clinical Program dedicated to giving new physicians and medical students the clinical experience they need. 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 wish to work in some capacity in the health care field. This program is available for people from the communities 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, Nurses, Psychiatry and Behavioral Health practitioners, Home Health care providers, and Dentists, Dental Hygienists and Assistants. Also included are all positions in the administration of Health Care. The Scholarship program is available to current PRN employees of ECFH.

### **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 'point scoring' process conducted by the Scholarship Committee. The applicant(s) with the highest score (s) will be recommended to the full Board of Directors for award of the scholarship, 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.



**General Information About You**

Have you previously applied for a scholarship from El Centro Family Health?

No  Yes

Have you previously received a scholarship from El Centro Family Health?

No  Yes

If yes, for which semester and year:

List high school and other schools you have attended:

School Name	Address	Phone number

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

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

List hobbies and special interests:

Career objective, path or focus:

Motivation for pursuing this career path:

**Personal Statement**

This portion of the application is intended to assist the Board Scholarship Committee to get a better sense of you as a person and as a student. Please include some, or all, of the following areas:

- Factors such as family, culture, education, etc. that have most influenced your development as a person committed to pursuing your educational goals.
- Your perception of yourself as a member of the medical profession, health career field or support staff of which you hope to become a part.

Please limit your statement to 250 words or less. Preferably, type your personal statement on a separate sheet of paper and be sure to include with this application.

**Financial Information**

List all anticipated school-related expenses for the upcoming academic year.

Tuition and fees:	\$
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Books and supplies:	\$
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Housing:	\$
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Commuting expenses:	\$
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<b>TOTAL</b>	<b>\$</b>
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List all your anticipated contributions to your school related expenses for the upcoming academic year.

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**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 care 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.

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (     )

Your recommendation must be in a sealed envelope with your initials on the back flap. This letter must be post marked or received by the Board Scholarship Committee no later than April 1, 2020 by 4 p.m. Please return the letter to: El Centro Family Health, c/o Scholarship Committee, 538 N. Paseo de Onate, Espanola, NM 87532.

**Form: Recommendation from an acquaintance (not family) 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 care careers. 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, making sure 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.

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

Printed Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (      )

Your recommendation must be in a sealed envelope with your initials on the back flap. This letter must be post marked or received by the Board Scholarship Committee no later than April 1, 2020 by 4 p.m. Please return the letter to: El Centro Family Health, c/o Scholarship Committee, 538 N. Paseo de Oate, Espanola, NM 87532.

## Official Transcript Request

Applicant's name:

To whom it may concern:

I am applying for a scholarship from the 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 post marked or received by the Board Scholarship Committee no later than April 1, 2020 by 4 p.m.

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
- Recommendation from an acquaintance (other than family) who knows you well
- Official Transcripts request sent to school(s)

Please note: Incomplete and/or late applications will not be considered.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_