



300 Wilson Street | Clayton, NM 88415

575.374.7006 | UCGH.net

This application must be printed legibly.

# UCGH SCHOLARSHIP APPLICATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Check the box for the Scholarship you wish to apply for:

- Nursing LPN or RN, to include conversion program
- Radiology Tech
- Medical Laboratory Tech
- Physical Therapy Assistant
- Medical Records Coder

Current Status of Student

\_\_\_\_\_

Please select the program year you will be enrolled in your program field:

- |                               |                               |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> 2022 | <input type="checkbox"/> 2025 |
| <input type="checkbox"/> 2023 | <input type="checkbox"/> 2026 |
| <input type="checkbox"/> 2024 | <input type="checkbox"/> 2027 |

What is your projected semester and year of graduation?

\_\_\_\_\_

This application must be received in the Human Resources office at UCGH by April 1st at 5pm MST. Applications received after this time will not be considered. Please be sure to complete all applicable sections of this application. Incomplete applications will not be given priority consideration during the scholarship selection process.

Please provide the following attachments as listed:

*Attachments must be typed.*

- Attachment A: All previous work experience. Expenses or circumstances that create a financial need. Family responsibilities.
- Attachment B: Three (3) letters of reference/recommendation from non-family members.
- Attachment C: Honors or Activities of which you have been a part of, to include community services/activities
- Attachment D: Educational History, including previously earned degrees and courses or course work and/or skills.
- Attachment E: Letter from applicant of your goals, how your life may be improved by receiving this scholarship, and why UCGH should consider you for this scholarship. To include your strengths and character.

I understand that if awarded this scholarship, that I must sign an award agreement and adhere to the terms of the award agreement. The award agreement will consist of my responsibilities of working full-time at the hospital and the time periods required. Also within this award agreement will be the consequences of not complying with the award agreement.

I understand that if I do not comply with the award agreement or I do not complete the program; I will be required to repay the entire scholarship amount that is paid to me.

I understand that by submitting this application, I am affirming that I have completed this form accurately, to the best of my knowledge. Deliberate misstatement of information on this application or attachments is grounds for immediate revocation of the scholarship. In addition, such behavior may result in further penalties from Union County General Hospital.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_