

**New Mexicare Inc. dba/ Guadalupe County Hospital**  
**RETURNING STUDENT SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Field of Study: (nursing, radiography, etc.): \_\_\_\_\_

School you will attend: \_\_\_\_\_ Estimated Date of Graduation: \_\_\_\_\_

Enrollment Status:     Full Time /     Part Time (please select one)

Current GPA (if you are already attending school): \_\_\_\_\_

Do you work at or have you worked at Guadalupe County Hospital?

\_\_\_\_\_ I currently work for Guadalupe County Hospital.

\_\_\_\_\_ I have worked for Guadalupe County Hospital in the past.

\_\_\_\_\_ No, I have never worked at Guadalupe County Hospital.

Current employment \_\_\_\_\_

Job Title \_\_\_\_\_ Years Employed \_\_\_\_\_

How many hours do you work per week? \_\_\_\_\_

**On a separate sheet of paper, please describe your personal and professional goals and how this scholarship will benefit you and your community. Please sign your letter.**

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**For New Mexicare Board Purposes Only:**

**Approved:** \_\_\_\_\_

**Disapproved:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

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