



## **Professional Education Financial Assistance – Scholarships**

Financial Assistance is available for professional education in a variety of healthcare fields through the Gila Regional Medical Center (GRMC) Foundation. The GRMC Foundation will determine the amount of financial assistance to be awarded by each entity and to each successful application. Criteria for receiving financial assistance are determined by the GRMC Foundation.

Communication and records regarding these financial assistance programs are handled through the Human Resources office at GRMC. Human Resources will coordinate all paperwork activities granting financial assistance. Applicants and successful recipients will provide all necessary applications and submission of grades to the Human Resources department. Scholarships are awarded each semester and are eligible for renewal. Communication will be maintained between the recipient and the Human Resources department/GRMC Foundation.

### **Scholarship Requirements**

- Must be a resident of Grant, Hidalgo, Luna, or Sierra County.
- Must be pursuing a healthcare profession/program.
- Must have/maintain a 2.5 GPA.
- Must be used for educational purposes (receipt of expenditures will be sent to the Foundation)



**Application**

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

<b>EDUCATION</b>	<b>NAME/LOC</b>	<b>YRS ATTENDED</b>	<b>GRADUATION DATE</b>
<b>High School</b>			
<b>College/University</b>			
<b>College/University</b>			



**WORK EXP.**

**DATES OF  
EMPLOYMENT**

**REASON FOR  
LEAVING**

<p>Place of Employment:</p> <p>Job Title:</p> <p>Supervisor:</p> <p>Job Duties:</p>		
<p>Place of Employment:</p> <p>Job Title:</p> <p>Supervisor:</p> <p>Job Duties:</p>		
<p>Place of Employment:</p> <p>Job Title:</p> <p>Supervisor:</p> <p>Job Duties:</p>		



**References (preferably work/school related)**

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

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

References

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

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

References

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

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

**Please check one of the following:**

\_\_\_\_ I have been accepted into an undergraduate program in a healthcare-related field of study.

Institution: \_\_\_\_\_ Field of Study: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

\_\_\_\_ I am a healthcare professional who has enrolled in an educational program to obtain an advanced degree.

Institution: \_\_\_\_\_ Field of Study: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

\_\_\_\_ I am a healthcare professional employed at GRMC who has been selected for specialized training in a related healthcare field.

Institution: \_\_\_\_\_ Field of Study: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

