

Auxiliary Nursing Scholarship 2020

The Uvalde Memorial Hospital Auxiliary provides scholarship assistance for students in the Uvalde Service Area who wish to advance their education in Nursing and serve in the Uvalde Community.

Eligibility Requirements:

- Applicant must be a current resident from or living in Uvalde, Real, Edwards, Kinney, or Zavala County
- Applicant must be in the 2nd year of an RN program or have been accepted to an LVN program
- If chosen as a scholarship recipient, Applicants are **highly encouraged** to pursue and/or continue **full-time employment** at Uvalde Memorial Hospital for a minimum of one year.
- Applicant must not have been awarded the UMH Scholarship previously for the same degree (LVN can apply for RN, but RN recipient cannot reapply for another semester of RN).
- All requirements are due no later than Jun 8, 2020

All Scholarship applications will be reviewed by the UMH Auxiliary under the jurisdiction of the Scholarship Committee. A maximum of \$7,000 will be awarded each year by the UMH Auxiliary. Additional funds can be approved with the approval of the Auxiliary.

Please complete the application in its entirety. Incomplete or late applications will not be accepted.

Complete applications must include the following:

1. Completed application form
2. A recent photo
3. Proof of enrollment in 2nd year RN program or acceptance to LVN program
4. An essay of at least 100 words expressing why you would like to receive this scholarship and your plans for your future as a nurse
5. Two letters of recommendation – one from a business person and one from an interested person outside of your immediate family.

Return original application by June 8th to one of the following contacts:

Human Resource Department
Attn: Charla Garcia
1025 Garner Field Road
Uvalde, Texas 78801

Mrs. Sherley Wentz
Attn: Scholarship Committee
1025 Garner Field Road
Uvalde, Texas 78801

**LVN Scholarship Recipients will receive \$1,750, payable upon submission of receipts.
RN Scholarship Recipients will receive \$3,500, payable upon submission of receipts.**

Auxiliary Nursing Scholarship Application

Semester/Year: _____

Name: _____
First Middle Last

Address: _____ Phone: _____

City: _____ State: _____ County: _____

Email: _____

Preferred Method of Contact (Circle One): Phone (Call/Text) Mail Email

Program: ___ Licensed Vocational Nurse ___ 2nd Year Registered Nurse

High School attended: _____ GPA: _____

College attended (if applicable): _____ GPA: _____

Do you have other funding for school (i.e. grants, scholarships, work-study, etc.)?
Y/N: Please list: _____

Approximate Total Annual Household Income:

___ Less than \$5,000 ___ \$5001 to \$10,000 ___ \$10,001 to \$50,000

___ More than \$50,000

Please list sources of income: _____

List educational achievements, awards & recognitions, community involvement
(committees, volunteer activities, etc):

- _____
- _____