Nor-Lea Hospital Auxiliary Medical Program Requirements

Attention all applicants:

1. Must be a resident of Tea County

2. Applicants must attend an accredited 4-year college or a junior college. Advanced on-line programs must be approved by committee.

3. Applicants must have all basic education requirements before entering a medical program.

4. A letter of acceptance into the medical program from the college must be on file.

5. Must carry at least twelve hours a semester and maintain at least a 2.5 GPA during the regular semester. (Summer semesters may be divided into six hour segments).

6. Scholarships of $1,500 per semester ($750 each six hour summer session) will be awarded only after acceptance into an approved Medical Program.

7. An official transcript must be attached to each application with subsequent transcripts at the end of each semester of study.

Upon completion of scholarship application, please mail to:

Nor Lea Hospital District Auxiliary Medical Scholarship Program
Attn: Virginia Spears (575-370-1438)
1600 North Main Street
Lovington, NM 88260
Nor-Lea Hospital District Auxiliary Medical Profession
Scholarship Application Form

Deadline: July 1st
November 15th
Fall Semester
Spring Semester

1 Authorization to Release Confidential Information
I authorize the release of my transcript to Nor-Lea Hospital District Scholarship Committee assigned with the responsibility to distribute funds that I wish to receive. I understand that my eligibility will be partially based upon the submission of this confidential information. Further, I certify that to the best of my knowledge all statements in the application packet submitted by me is correct and are my own origin.

Signature of Scholarship Applicant ________________________________ Date ________________________________

2 Personal Information
Legal Last Name __________________________ Maiden Name __________________________ First Name __________________________ M. I. __________________________
Permanent Street Address __________________________ City __________________________ State __________________________ Zip Code __________________________

Date of Birth (Month/Day/Year) __________________________ Permanent Home Phone __________________________ Alternate Phone __________________________

3 Enrollment Information
College Division: Medical Profession Degree Sought: __________________________ Expected Graduation __________________________ (Spring-Fall)
Anticipated Status: Fall __________________________ Full Time
Spring __________________________ Full Time

To Be Completed by Financial Aid Office: GPA __________________________ Status __________________________ Initials of Clerk __________________________

(Minimum 2.5 GPA, in Good Standing, having completed one semester)

4 Essay Requirement Topic (Up to 500 Words)
"Why I want a degree in the medical profession"

5 Scholarship Recommendation
A Letter of Recommendation must be completed by your academic advisor or a classroom instructor to support this application. Recommendation from __________________________
The recommendation is: _____ attached to this cover page OR _____ will be submitted by instructor/advisor.

6 General Information
Scholarship will be effective on acceptance into Medical Profession Program and will be for $1,500 per semester. Applicant agrees to work for Nor-Lea Hospital District for one year after graduation if possible and if a position is available. Each case will be reviewed on an individual basis.