

## 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 collage 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 1<sup>st</sup>  
November 15<sup>th</sup>**

**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**