



SCHOLARSHIP ANNOUNCEMENT

First Choice Community Healthcare is proud to announce that it will award a scholarship in 2019 to a Graduating Senior.

To be eligible, employee must meet the following criteria:

- Be enrolled/entering directly into a health-related course of study.
- Must complete application form and submit two letters of recommendation.
- Commit to providing a brief summary after the first semester on how the scholarship benefited you.
- Preference will be given to students attending New Mexico Schools.

Applications will be accepted from Graduating Seniors through Friday, April 26, 2019. To obtain an application, contact your School Counselor or Rose Sanchez at 873-7402.



SCHOLARSHIP ANNOUNCEMENT

First Choice Community Healthcare is proud to announce that it will award scholarships in 2019 to Graduating Students from the following schools:

Albuquerque High School
Atrisco Heritage Academy High School
Belen High School
Highland High School
Los Lunas High School
Moriarty High School
Rio Grande High School
Valencia High School
Valley High School
West Mesa High School

To be eligible, the following guidelines have been established:

- Student is entering a health-related course of study.
- Student must have a minimum grade point average of 2.5.
- Commit to providing a brief summary after the first semester on how the scholarship benefited you.
- Preference will be for community involvement activities – students must provide proof.
- Preference will be given to students attending New Mexico Schools.

Consideration will be given to involvement in community activities.

Applications will be accepted from High School Seniors through Friday, April 26, 2018. To obtain an application and/or more information, contact your school Counselor.



Albuquerque, Edgewood, Los Lunas, Belen
2001 N. CENTRO FAMILIAR SW
ALBUQUERQUE, NM 87105
TEL. (505) 873-7402
FAX (505) 873-7473

STUDENT SCHOLARSHIP APPLICATION

Please print or type application

Name (first, middle, last) Mr./Ms. _____

Address (street, city, zip) _____

Telephone Number _____ **GPA** _____ **Are you eligible for a Pell Grant?** _____

Have your high school send an official transcript to Scholarship Coordinator, c/o Rose Sanchez, Administration, First Choice Community Healthcare, 2001 N Centro Familiar Blvd. SW, Albuquerque, New Mexico 87105.

Ask two high school teachers to send a letter of recommendation directly to Scholarship Coordinator, c/o Rose Sanchez, Administration, First Choice Community Healthcare, 2001 N Centro Familiar Blvd. SW, Albuquerque, New Mexico 87105.

What degree do you plan to pursue? _____ **What school do you plan to attend?** _____

PERSONAL STATEMENT

To help us evaluate your application, please attach a **typed** Personal Statement to inform us of your educational and career goals. Include any information that you think the Scholarship Committee should know including any circumstances affecting your academic record as well as special talents, awards, and extra-curricular and community activities.

SCHOLARSHIP RECEIPT COMMITMENT

If I am selected as the recipient of the FCCH Scholarship, I make a commitment to provide a brief summary detailing how the Scholarship benefited me after my first semester.

_____ **Yes** _____ **No** **Initials** _____

I certify that the above information is correct. _____ **Applicant's Signature** _____ **Date**

APPLICATION IS DUE BY FRIDAY, APRIL 26, 2019

RETURN TO: SCHOLARSHIP COORDINATOR, C/O ROSE SANCHEZ, ADMINISTRATION, FIRST CHOICE COMMUNITY HEALTHCARE, 2001 N CENTRO FAMILIAR BLVD. SW, ALBUQUERQUE, NEW MEXICO 87105.



SCHOLARSHIP PROGRAM

ELIGIBILITY

- Student - High School Seniors from Albuquerque High School, Atrisco Heritage Academy High School, Belen High School, Highland High School, Los Lunas High School, Moriarty High School, Rio Grande High School, Valencia High School, Valley High School and West Mesa High School.
- Scholarships are available to students who are entering into a health-related course of study.
- Preference will be given to students who will be attending a New Mexico College or Technical School.
- The scholarship must be used in the Fall Semester after it is awarded. Any scholarship not claimed will be returned to the Scholarship Fund.

STUDENTS MUST SUBMIT

- Sealed Original Transcript
- Letter of recommendation from two (2) High School Teachers
- A completed application form including Personal Statement

SCHOLARSHIPS WILL BE AWARDED ON FOLLOWING CRITERIA

- Grade Point Average (2.5 or better)
- Complying with ALL First Choice Community Healthcare Scholarship Requirements
- Entering health-related field of study
- Commit to providing a brief summary after the first semester on how the scholarship benefited you.
- Preference for attending a New Mexico College or Technical School
- Documented Involvement in Community Activities



SCHOLARSHIP APPLICATION GUIDE

BEFORE MAILING YOUR APPLICATION PACKAGE, REVIEW AND CHECK THESE POINTS TO ENSURE COMPLETE UNDERSTANDING OF THE SCHOLARSHIP, DEADLINE, AND ELIGIBILITY REQUIREMENTS.

- All applications must be received by First Choice Community Healthcare Scholarship Committee no later than Friday, April 26, 2019.
- It is the applicant's responsibility to review this application and ensure that it is complete and that all requested material is enclosed. Incomplete applications will be considered ineligible.
- Scholarship award recipients will be notified by mail.
- The scholarship is to be used for expenses incurred during the Fall Semester of 2019.
- The student may not defer the scholarship for a later enrollment date.
- *Before the actual scholarship award is sent out, First Choice Community Healthcare must receive a copy of a letter of admission to the college or technical school that the student plans to attend.*
- **IF ALL REQUIRED INFORMATION IS NOT SUBMITTED, THE APPLICATION WILL NOT BE CONSIDERED.**

HAVE YOU:



Signed the application form?



Completed the application form including (GPA, School Attending, Academic Field of Study, etc.)?



Had two teachers or references send a letter of recommendation to First Choice?



Had an official signed and sealed transcript sent to the First Choice Scholarship Coordinator?

CERTIFICATION: All of the information presented in this application and enclosed with the application package is complete to the best of my knowledge.

Applicant's Signature

Date

SEND APPLICATION TO:

**Scholarship Coordinator
c/o Rose Sanchez, Administration
First Choice Community Healthcare
2001 N Centro Familiar Blvd. SW
Albuquerque, NM 87105**