

# 2023/2024 Mariposa Community Health Center Scholarship Award

### APPLICATION PROCEDURES

# **AVAILABILITY of APPLICATIONS:**

Scholarship applications will be available to all senior students beginning February 24, 2023. Applications can be obtained thru the school Counselor's office or

> Mariposa Community Health Center (MCHC) Administrative Office 825 N. Grand Ave, Suite 100 Nogales, AZ 85621

#### QUALIFICATIONS:

- 1. Must be a graduating senior from a Santa Cruz County high school
- 2. Applicants must be planning to attend a technical school, college or a four (4) year university as a full-time student (equivalent of 12 credit hours per semester) in pursuit of a healthcare field career.

## SUBMISSION of APPLICATIONS:

- 1. Completed applications along with all required documents must be submitted to humanresources@mariposachc.net or in person at MCHC Administrative Office on/or before Wednesday, April 19, 2023, at 4:30 p.m.
- 2. Each application will be numbered, logged-in and stamped with the date and time of receipt.
- 3 Applications submitted incomplete and/or after the deadline will not be considered.

# SELECTION of SCHOLARSHIP RECIPIENT:

1. MCHC Board of Directors, Scholarship Committee will review all applications, make recommendations, and select 8 recipients.

# SCHOLARSHIP NOTIFICATION:

- 1. Award winners will be notified by mail
- 2. Official scholarship presentation will be made by a MCHC senior staff member at the school's awards or graduation ceremony.

# ALLOCATION of SCHOLARSHIP MONIES:

# The \$10,000.00 award will be available increments as follows:

- Four-year enrollment at a college/university the increments will be \$2,500.00 for the first 4 consecutive semesters of the student's fulltime college enrollment (equivalent of 12 credit hours per semester). Awards will be distributed at \$2,500.00 increments at the beginning of each semester - Spring/Fall. A copy of transcripts for each semester plus documentation of enrollment per semester must be submitted and satisfactory completion of each semester with a GPA average of 3.0 is a requirement for receiving the subsequent awards. The terms are in place for the 4 semesters.
- 2. Disbursement of awards will vary for Certificate Programs at technical schools depending on school curriculum. Proof of fulltime enrollment and program schedule is required for the first increment, and each programs semester accordingly. A copy of transcripts must be submitted, satisfactory completion with a GPA average of 3.0 is a requirement for receiving the subsequent awards. The terms are in place for the duration of the school certificate program.

#### **QUESTIONS:**

Please send any questions to humanresources@mariposachc.net



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# Minimum Requirements

verify that I have met ne requirements and submitted the documentation for the 2023/2024 Mariposa ommunity Health Center Scholarship Award program as stated below:	
☐ I am a graduating senior from a high school in Santa Cruz County, AZ	
☐ I plan on attending a technical school, college, or university to pursue a	
postsecondary education in the healthcare field	
□ 2023/2024 MCHC Scholarship Application	
□ Essay	
$\square$ Three (3) Letters of Recommendation – Must be signed and dated	
☐ High School Transcripts (current)	
☐ 2022 Income Tax Returns- Parents/Guardian (copy)	
Signature — Date	



# 2023-2024 MCHC SCHOLARSHIP AWARD APPLICATION

NAME:		
Last	First	Middle Initial
ADDRESS: (Residence)		
Street Addresss		
City	State	Zip code
Home Phone:	SS#:	
Cell Phone:	E-Mail Address	S:
Family Size (Living at Home):		ge:(Please Attach Transcript)
Total Family Income (2022) \$ _ (For income verification purposes onloan marked personal a	ly, please provide a copy of the parent/guardi and confidential addressed to M.J. Arevalo, Ch	ian 2022 Tax Return, in a separate envelope nief of Human Resources)
High School attending:		
	<b>EMPLOYMENT HISTORY</b>	
(List last job)		
Company:	From:	To:
Job Title:		
Duties:		
(		

(ATTACH EXTRA SHEET, IF NECESSARY)

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# EXTRA CURRICULAR SCHOOL ACTIVITIES

Activity:			
(ATTACH EXTRA SHEET, IF NECESSARY)			
TECHNICAL SCHOOL OR UNIVERSITY YOU ARE PLANNING TO ATTEND			
Name:Have you been accepted?			
Location:			
Field of Interest:			
ATTACHMENTS: ESSAY / LETTERS OF RECOMMENDATION / TRANSCRIPTS / TAX RETURNS			
PLEASE ATTACH THE FOLLOWING:			
A. Essay"Why I Want to Pursue a Career in Health Care Field" (Not more than two (2) typewritten, double-spaced pages).			
B. Three (3) signed letters of recommendation one of which must be from a schoolteacher or school			
counselor.			
C. Transcripts – Current High School transcripts			
D. 2022 Tax Returns			
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# **DEADLINE FOR SUBMISSION OF APPLICATION**

Upon completion of the Application, please email all documents to <a href="mailto:humanresources@mariposachc.net">humanresources@mariposachc.net</a> on or before 4:30 p.m. Wednesday, April 19, 2023. <a href="mailto:Any application which is incomplete and/or received after this deadline will not be considered">humanresources@mariposachc.net</a> on or before 4:30 p.m. Wednesday, April 19, 2023. <a href="mailto:Any application which is incomplete and/or received after this deadline will not be considered">humanresources@mariposachc.net</a>