



2024/2025 Mariposa Community Health Center Scholarship Award APPLICATION PROCEDURES

AVAILABILITY of APPLICATIONS

Scholarship applications will be available to all Santa Cruz County, AZ senior students March 2024. Applications can be obtained thru mariposachc.net, school Counselor's office or in person.

Mariposa Community Health Center (MCHC)
Administrative Office/HR (1st Yuma Bank building)
825 N. Grand Ave, Suite 100
Nogales, AZ 85621
(Monday-Friday, 8:00am – 5:00pm)

QUALIFICATIONS

1. Must be a graduating senior from a Santa Cruz County, AZ high school
2. Applicants must be planning to attend or accepted to a career/trade school, college or a four (4) year university as a full-time student (equivalent of 12 credit hours per semester) in pursuit of a certification, associate degree, or bachelor's degree in the healthcare field.

SUBMISSION of APPLICATIONS

1. Completed application along with all required documents must be submitted to humanresources@mariposachc.net or in person at MCHC Administrative/HR Office on/or before **Wednesday, April 17, 2024, at 4:30 p.m.**
2. Each application will be numbered, logged-in 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 Scholarship Committee will review all applications, make recommendations, and select qualifying scholarship recipients.

SCHOLARSHIP NOTIFICATION

1. Award winners will be notified by US mail and email
2. Official scholarship presentations will be made by a MCHC Senior Staff and/or Scholarship Committee member(s) at the school's awards or graduation ceremony.

ADDITIONAL INFORMATION

1. Two-year and four-year enrollment at a college/university student's fulltime college enrollment (equivalent of 12 credit hours per semester). A copy of semester transcripts, registration and class schedule per semester must be submitted. Satisfactory completion of each semester with a GPA average of 3.0 is a requirement for receiving the subsequent awards.
2. Career/Trade schools' proof of fulltime registration and program schedule is required for the first increment, and for each program 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.
3. All scholarship funds will be deposited directly into the student school account.
4. If at any point the recipient does not comply with the scholarship requirements the recipient will be referred to the Scholarship Committee for review.

QUESTIONS

Please send any questions to humanresources@mariposachc.net or (520) 987-4024



2024/2025 Mariposa Community Health Center Scholarship Award

✓ Minimum Requirements Checklist for Applying

STUDENT NAME _____

- I am a graduating senior from a high school in Santa Cruz County, AZ
- I have been accepted or plan on attending a career/trade school, college, or university to pursue a certificate, associate, or bachelor's degree in the healthcare field.

SUBMITTED:

- 2024/2025 MCHC Scholarship Application
- Essay – 'Why I Want to Pursue a Career in the Health Care Field' Essay must answer the 3 following questions:
 - 1) Educational healthcare plan and goal
 - 2) Long term healthcare career goal
 - 3) How will I contribute to healthcare in Santa Cruz County?
- Three (3) Letters of Recommendation – Must be **signed** and dated
- High School Transcripts (current)
- Parent(s)/Guardian - **Copy**: 1040 U.S. Individual Income Tax Returns 2023

Questions for alternate income documentation inquire with humanresources@mariposachc.net

I _____ verify that I have met the requirements and submitted all documentation for the 2024/2025 Mariposa Community Health Center Scholarship Award.

Signature

Date

Scholarship/2024-2025 Minimum Requirements

OFFICIAL USE ONLY	Date	Time	In person	Online	Application #
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2024/2025 MCHC SCHOLARSHIP AWARD APPLICATION

Name: _____
Last
First
Middled Initial

Address: _____
Street

City
State
Zip Code

Phone Number: _____

Email: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____



Application #

Family Size (living at home): _____
(Informational purposes only)

Taxable Income (2023) _____
(Informational purposes only)

High School Attending: _____

Grade Point Average: _____ Class Ranking: _____

EXTRA CURRICULAR SCHOOL/COMMUNITY ACTIVITIES

Activity: _____

(ATTACH EXTRA SHEET, IF NECESSARY)

EMPLOYMENT HISTORY (N/A if not applicable)

(List last job)

Company: _____ From: _____ To: _____

Job Title: _____

Duties: _____

(ATTACH EXTRA SHEET, IF NECESSARY)

Application #	
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CAREER /TRADE SCHOOL- COLLEGE - UNIVERSITY

Applicants must be planning to attend or accepted to a career/trade school, college or a four (4) year university as a full-time student (equivalent of 12 credit hours per semester) in pursuit of a certification, associate or bachelor’s degree in the healthcare field.

School Name: _____

Location: _____

Major (healthcare related) _____

Have you been accepted to other schools? _____

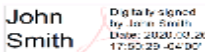
School(s) Name: _____

ATTACHMENTS: ESSAY / LETTERS OF RECOMMENDATION / TRANSCRIPTS / TAX RETURNS

PLEASE ATTACH THE ALL OF THE FOLLOWING:

A. Essay --"Why I Want to Pursue a Career in the Health Care Field" (Minimum of two (2) typewritten, double-spaced pages). Essay must answer the 3 following questions:

- 1. Educational healthcare plan and goal
- 2. Long term health career goal
- 3. How will you contribute to healthcare in Santa Cruz County?

B. Three (3) **signed** or **digitally signed** (ex: ) letters of recommendation – (1) Outside source, (1) Schoolteachers or counselor, (1) your choice - No parents or family members

C. **Transcripts** – Current high school transcripts

D. **Parent(s)/Guardian** – **Copy:** 1040 U.S. Individual Income Tax Returns 2023 – completed/signed – **pages**

1 & 2. Questions for alternate documentation inquire with humanresources@mariposachc.net

DEADLINE FOR SUBMISSION OF APPLICATION

All applications and supporting documents must be **submitted on or before 4:30 p.m., Wednesday, April 17, 2024.**

Application and supporting documents can be emailed to humanresources@mariposachc.net **OR** submitted in person at:

MCHC - Administration/HR
(1st Yuma Bank building)
825 N. Grand Ave, Suite 100
Nogales, AZ 85621
(520) 987-4024
Monday-Friday 8:00am-5:00pm

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