



## 2025/2026 Mariposa Community Health Center Scholarship Award

### SCHOLARSHIP PROCEDURES

#### AVAILABILITY of APPLICATIONS:

Applications will be made available to high school senior students starting in **March** 2025:

- High School – Counselor's office
- MCHC – website: [mariposachc.net](http://mariposachc.net)
- MCHC Human Resources  
Horizon Building  
251 W. White Park Dr.  
Nogales, AZ  
(520) 987-4024

#### QUALIFICATIONS:

1. Must be a graduating senior from a Santa Cruz County high school
2. Applicants must be planning to attend or be accepted to 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](mailto:humanresources@mariposachc.net) or in person at the MCHC Human Resource Office before **Thursday, April 17, 2025, at 4:30 pm.**
2. Each application will be numbered, and logged with the date and time of receipt.
3. **Incomplete applications or applications received after the deadline will not be considered.**

#### SELECTION of SCHOLARSHIP RECIPIENT:

1. MCHC Scholarship Committee will review all applications and select the eligible recipients.

#### SCHOLARSHIP NOTIFICATION:

1. Award winners will be notified by mail and email
2. The scholarship will be presented by an MCHC representative during the school's awards or graduation ceremony.

#### ALLOCATION of SCHOLARSHIP MONIES:

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

1. **PROOF:** Four-year enrollment at a university as a full-time student (equivalent of 12 credit hours per semester) in the healthcare field. Increments will be \$2,500.00 for the first 4 consecutive semesters of the student's full-time college enrollment. A copy of transcripts and class schedule for each semester must be submitted. Completing each semester with a GPA average of 3.0 is required for receiving the subsequent awards.
2. All scholarship funds will be deposited directly to the student's school account.
3. If at any point the recipient does not comply with the scholarship requirements the recipient will be referred to the Scholarship Committee for review.
4. The terms are in place for the 4 semesters.

#### QUESTIONS:

Please send any questions to [humanresources@mariposachc.net](mailto:humanresources@mariposachc.net)



## 2025/2026 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 university to pursue a bachelor's degree in the health care field.

SUBMIT:

- 2025/2026 MCHC Scholarship Application
- Minimum Checklist for Applying
- Essay – 'Why I Want to Pursue a Career in the Health Care Field'

The 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 2024
- Alternate proof of income documentation (*inquire with [humanresources@mariposachc.net](mailto:humanresources@mariposachc.net)*)

I \_\_\_\_\_ verify that I have met the requirements and submitted all documentation for the 2025/2026 Mariposa Community Health Center Scholarship Award.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>OFFICIAL USE ONLY</b>	<b>Date</b>	<b>Time</b>	<b>In person</b>	<b>Online</b>	<b>Application #</b>
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# 2025/2026 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 #	
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Family Size (living at home): \_\_\_\_\_  
(2024) \_\_\_\_\_  
*(Informational purposes only)*

Taxable Income  
*(Informational purposes only)*

High School Attending: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ Class Ranking: \_\_\_\_\_

**EXTRA CURRICULAR SCHOOL/COMMUNITY ACTIVITIES**  
**(N/A if not applicable)**

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)

**UNIVERSITY**

Application #	
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Applicants must be planning to attend or be accepted to a four (4) year university as a full-time student (the equivalent of 12 credit hours per semester) in pursuit of a bachelor’s degree in the health care field.

School Name: \_\_\_\_\_

Location: \_\_\_\_\_

Major (health care related) \_\_\_\_\_

Have you been accepted to other schools? \_\_\_\_\_

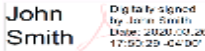
Other School(s) Name: \_\_\_\_\_

**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 care career goal
3. How will you contribute to health care 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 2024 – completed/signed – **pages 1 & 2 only**. For alternate proof of income documentation, inquire with [humanresources@mariposachc.net](mailto:humanresources@mariposachc.net)  
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**DEADLINE FOR SUBMISSION OF APPLICATION**

All applications and supporting documents must be **submitted before 4:30 pm, Thursday, April 17, 2025.** Application and supporting documents can be emailed to [humanresources@mariposachc.net](mailto:humanresources@mariposachc.net) **OR** submitted in person at:

MCHC – Human Resources  
Horizon Building  
251 W. White Park Dr.  
Nogales, AZ 85621  
(520) 987-4024  
Monday-Friday 8:00am-5:00pm

**Incomplete applications or applications received after the deadline will not be considered**