

RMCHCS AUXILIARY SCHOLARSHIP



Presented by the
RMCHCS Auxiliary
1901 Red Rock Drive
Gallup, NM 87301

THE RMCHCS AUXILIARY awards scholarships each Fall and Spring semester. Preference is given to McKinley County residents. Applications are available at the RMCHCS Information desk and UNM Financial Aid Office or Human Resources.

Application deadlines:

Fall - July 31,
Spring - Dec 31

Completed applications must be submitted to the RMCHCS Auxiliary Scholarship Committee by 4pm on deadline, by the Information Desk.

ELIGIBILITY CRITERIA:**

1. Must have completed at least 18 college credit hours
2. Must have a minimum GPA of 2.0 based on a 4.0 scale
3. Must be a full-time student
4. Pursuing medical or health profession
5. Must have a financial need
6. Must be in good academic standing

****Applications must include:**

- Unofficial 18-hour credits
- Letter of recommendation
- A financial need analysis (request from the Financial Aid Office of your university or college.)

If applications are not complete we will contact you for more information.

The Rehoboth McKinley Christian Health Care Services Auxiliary is a long-established volunteer organization whose goal is to promote better health care for the Gallup Community.

Scholarship money is raised from the proceeds of the Rehoboth-McKinley Christian Hospital Gift Shop and other fund-raising projects by the Auxiliary.

Rehoboth McKinley Christian Hospital Auxiliary volunteers include men and women of all ages. Teen volunteers are active in the summer. Individuals interested in joining the Hospital Auxiliary can pick up an application at the hospital information desk.



RMCHCS Auxiliary Scholarship Application

Personal Information:

Name: _____ SS# _____

Permanent Mailing Address: _____

Phone #:(home) _____ (work) _____ Email Address: _____

Date of Birth: _____ Marital Status: _____ # Dependents: _____

Are you employed?: _____ If yes, name and address of employer: _____

Education:

HS Attended: _____ HS Grad Date: _____ CUM GPA/Class Rank: _____

College(s) Attended: _____ Dates Attended _____ Degree Completed Cumulative GPA _____

Current Program of Study:

Associates Degree in _____ Anticipated

Bachelors Degree in _____ Graduation Date: _____

Present College Status: _____ Freshman _____ Sophomore _____ Junior _____ Senior _____ Other _____

Medical field you wish to pursue: _____

What funds do you have for college at this time?: _____

Have you applied for Financial Aid? yes/no _____

(Please attach a financial need analysis to this application request from the Financial Aid Office.)

All Scholarship Applicants must complete this section.

I certify that all of the information on this application is true and correct to the best of my knowledge. If I am unable to finish the college semester work, I do hereby agree to repay the scholarship within six (6) months to the RMCHCS Auxiliary. (Exceptions may be made in cases of illness or unforeseen, justified circumstances beyond the control of the recipient.) I give the RMCHCS Scholarship Committee permission to obtain academic and financial information from the school's registrar and financial aid offices.

Signature of Scholarship Applicant Date _____

Submit this completed application form along with:

- An unofficial college transcript (request 18 hour credits from the Registrar's office)
 - A financial need analysis (request from Financial Aid Office)
 - A brief, typed personal statement (no more than one page) including biographical information about yourself, your educational and career goals, and special achievements, awards, and/or activities.
 - Letter of recommendation
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Office use only: Semester: _____ Hrs enrolled: _____ Cum GPA _____ Rap _____ CC _____ FA File _____