



**DEL SOL MEDICAL CENTER SCHOLARSHIP APPLICATION**

**IMPORTANT INSTRUCTIONS: (INCOMPLETE APPLICATIONS WILL BE AUTOMATICALLY ELIMINATED.)**

1. Applicant **MUST** answer **ALL QUESTIONS** (Fill in all spaces using N/A (not applicable) if needed). Be accurate and positive with answers, Remember that this may be your only contact with the Scholarship Committee. **Don't withhold any information!**
2. Applicant must provide **a certified copy of your last Transcript of Credits** (no photocopies)
3. Applicant must maintain a GPA of 2.8.
4. Applicant must take a minimum of 12 credit hours, or its equivalent.
5. Applicant must attach a **resume** of your education experiences and school activities. Explain why you have chosen your field of study, including your aspirations after college.
6. Applicant must attach **two current letters of recommendation** as a reference (no photocopies)
7. Return completed application to:  
**Del Sol Medical Center**  
**ATTN: Scholarship Chairman (Gift Shop)**  
**10301 Gateway West**  
**El Paso, Texas 79925**
8. *All application information shall remain confidential.*

**NOTE: This scholarship must be applied for each semester with all attachments being current.**

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1. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

2. Permanent Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

3. Birth Date: \_\_\_\_\_ Student ID# \_\_\_\_\_

4. Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

5. Resident of El Paso County (TX) \_\_\_yes \_\_\_no

6. Number of persons in household and their relationship to you: \_\_\_\_\_

\_\_\_\_\_  
(Dependents and Ages)

7. Name(s) of Employer: \_\_\_\_\_

\_\_\_\_\_  
(Address, Phone Number and Current Salary)



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8. Spouse's Employer: \_\_\_\_\_

**FINANCIAL:**

9. Source and amount of funds available for this semester: \_\_\_\_\_  
\_\_\_\_\_

10. Are you receiving or making any additional applications for scholarships? \_\_\_\_\_

Pell Grant \_\_\_\_\_ Applied \_\_\_\_\_ Received \_\_\_\_\_ Amount \_\_\_\_\_

GI Bill \_\_\_\_\_ Applied \_\_\_\_\_ Received \_\_\_\_\_ Amount \_\_\_\_\_

Other Hospital \_\_\_\_\_ Applied \_\_\_\_\_ Received \_\_\_\_\_ Amount \_\_\_\_\_

Other (Identify) \_\_\_\_\_ Applied \_\_\_\_\_ Received \_\_\_\_\_ Amount \_\_\_\_\_

**EDUCATION:**

11. High school attended \_\_\_\_\_ Date of Graduation \_\_\_\_\_

12. Present Grade Level (college) \_\_\_\_\_

13. Proposed Educational Institution: UTEP \_\_\_\_\_ EPCC \_\_\_\_\_ Texas Tech \_\_\_\_\_

14. College Major \_\_\_\_\_ Degree Sought: \_\_\_\_\_

15. How many hours will you be taking this semester: \_\_\_\_\_ Overall GPA: \_\_\_\_\_

16. Amount of tuition/fees per semester: \$ \_\_\_\_\_ Date Due: \_\_\_\_\_

17. What are your plans after Graduation? Do you plan to stay in El Paso \_\_\_yes \_\_\_no?

If you were to remain in El Paso, would you consider working for Del Sol Medical Center \_\_\_yes \_\_\_no?

I hereby grant Del Sol Medical Center Volunteer Auxiliary permission to use my name for the purpose of publicity and promotion

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date