



Hidalgo Medical Services
Healthcare Scholarship Application

Scholarship Deadline: March 22, 2024

Applications must be received by the deadline.
No late applications will be accepted.

Student Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone number: _____

E-mail address: _____

Name of college or university the student will attend in the Fall of 2024

Contact Information for College or University: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

A complete HMS Scholarship Application must include the following:

- Official high school transcript
- Three letters of reference
- Verification of enrollment in college or university for the Fall Semester 2024
- A 1000-word personal statement setting out your healthcare career and educational goals and objectives

Once available, a copy of a class schedule or letter of registration to process the scholarship checks for college or university for Fall Semester 2024. The check for \$2000.00 will be sent directly to a college or university.

Please return the completed application to:

Hidalgo Medical Services

Attn: Audrey Coward

114 W. 11th Street

Silver City, NM 88061

acoward@hmsnm.org

All the information pertaining to this application is true and complete to the best of my knowledge.

I do hereby consent to the release of information concerning my academic scholarship.

Student Signature

Date