



Hidalgo Medical Services  
Healthcare Scholarship Application

**Scholarship Deadline: April 24, 2026**

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 2026

\_\_\_\_\_

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 2026
- 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 is needed to process the scholarship checks for college or university for Fall Semester 2026. The check for \$500.00 will be sent directly to a college or university.

**Please return the completed application to:**

Hidalgo Medical Services  
Attn: Audrey Coward  
1007 N. Pope Street  
Silver City, NM 88061  
[acoward@hmsnm.org](mailto: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