



**The Las Palmas Del Sol and El Paso Hispanic Chamber of Commerce
Educational Development Foundation (EPHCCEDF)
EPCC Nursing and Health Occupations Scholarship**

The El Paso Hispanic Chamber of Commerce Educational Development Foundation has scholarships available to EPCC Nursing and Health Occupations senior students for fall 2018 and spring 2019. Awards are granted without regard to race, color, creed, sex, religion, disability, or national origin. Incomplete applications will not be evaluated. The deadline for submitting the application is **March 30th, 2018**.

The scholarship requirements are to:

- Be a student in good standing who requires **less than 24 hours to complete** the declared program/degree.
- GPA must be 3.0 and above to qualify.
- Student must be a U.S. citizen or permanent resident.
- **Seek possible employment with HCA Facility/Las Palmas Del Sol Medical Centers**
- Total annual family income less than \$40,000.00

Scholarship recipients are selected on a number of criteria, including academic record, potential to succeed, leadership and participation in community activities, honors, and work experience, a statement of educational and career goals. Financial need as calculated by EPHCCEDF must be demonstrated for the student to receive an award.

The Scholarship Committee of the EPHCC Educational Development Foundation makes the selection of scholarship recipients and will be awarding for the school year beginning fall 2017. All recipients will be notified by the end of May 2017.

Acceptance of the \$1,500.00 scholarship constitutes permission for EPHCCEDF to use recipients' names, biographical information, pictures for publicity purposes, and **agreement to attend a scholarship award ceremony** at the Foundations expense, if such ceremony is held.

EPHCC Educational Development Foundation reserves the right to interpret and review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

Questions regarding the scholarship program should be addressed to:

- EPHCC FOUNDATION @ 915-566-4066
- Souraya Hajjar, EPCC Health Grants @915-831-4143



All documents should be submitted and must be postmarked by March 30th, 2018.

The applicant should submit the following:

1. Complete and send the attached application.
2. An official and updated transcript of credits from EPCC must be sent to EPHCC Foundation. It is the student's responsibility to ensure that EPHCC Foundation receives the transcript.
3. To be awarded a health scholarship the student will submit with application, a formal narrative essay with a minimum of 350 words double space describing:
 - Accomplishments
 - Educational goals
 - Community Involvement
 - Work Responsibilities (if applicable)
4. 2 letters of recommendation from Nursing or Health Occupations Faculty members.
5. Once awarded, the Health Grants Office will receive the scholarship money to regulate coverage of tuition, books, or any other accessory tools, equipment, or uniforms used by the health program of choice for the awardees.

-If the awardee does not use the full amount, The Office of Health Grants will re-issue a check with the remainder of the money to EPHCC Educational Development Foundation after the fiscal year has ended.

-All submitted documentation would remain confidential.

Send all required information to the following address:

EPHCC Educational Development Foundation
Attn: Health Scholarships
2401 E. Missouri
El Paso, TX 79903



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Make sure your application is spell-checked and completed with all the required documents by Friday, March 30th, 2018.

1. Complete Name of Applicant: _____
2. Phone Number: _____
3. Social Security Number: _____
4. Complete Residential Address: _____
5. Health Program Enrolled: _____
6. GPA: _____
7. Are you interested in giving a testimonial ____YES ____NO
or volunteering at any of our Foundation Fundraisers?__YES ____NO

FINANCIAL STATUS

This section must be completed by parent or guardian (or applicant if self-dependent). If this section is not completed, it will be assumed that no financial need exists.

Please use the latest figures available as reported to the IRS. **(Attach last IRS report)**

1. For year **2017**, total family income was \$ _____ and taxable was \$ _____

Signature of Parent/ (or Applicant if self-dependent) Date

I certify that the information on this application is correct to the best of my knowledge. I hereby give permission for this information to be released to the donor or potential donors of any scholarship for which I may be eligible. Furthermore, I authorize the publication of any award I might receive.

Applicant Signature: _____ Date: _____