



**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 2017 and spring 2018. 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 **Friday, May 11, 2018**.

To be eligible to receive a scholarship, applicants must:

- Be a student in good standing who requires **less than 24 hours to complete** their declared program/degree
- Have a GPA of at least 3.0
- Be a U.S. citizen or permanent resident
- **Seek possible employment with HCA Facility/Las Palmas Del Sol Medical Centers**
- Have total annual family income of 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
- And 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 2018. All recipients will be notified by the end of May 2018.

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



The applicant should submit the following:

1. Complete and send the attached application. Applicants must answer all questions (Fill in all spaces using N/A (not applicable) if needed). Be accurate and positive with answers. Do not withhold any information.
2. Provide and send an official and updated transcript of credits from EPCC 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 the application, a formal narrative essay (minimum of 350 words, double spaced, 1 inch margins) describing the applicants:
 - Accomplishments
 - Educational goals
 - Community Involvement
 - Work Responsibilities (if applicable)
4. A letter of recommendation from one Nursing or Health Occupations Faculty member.

All documents should be submitted and must be postmarked by **Friday, May 11, 2018**.

All submitted documentation would remain confidential.

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.*

Send all required information to the following address:

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



Applicant's Signature

Date

RECOGNITIONS

Please list honors, recognitions, and/or awards received with the organizations presenting and date presented.

- 1) _____
Description Date Received Amount
- 1) _____
Description Date Received Amount
- 1) _____
Description Date Received Amount

EXTRA-CURRICULAR

List all the extra-curricular activities (clubs, sports teams, religious groups, etc.) in which you have participated.

- 1) _____
Activity Hours/Weeks Dates
- 2) _____
Activity Hours/Weeks Dates
- 3) _____
Activity Hours/Weeks Dates

ORGANIZATIONS

List the organizations (community-based, outside of school) in which you have participated.

- 1) _____
Description & Organization Hours/Weeks Dates
- 2) _____
Description & Organization Hours/Weeks Dates



LAS PALMAS
DEL SOL
HEALTHCARE



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's signature: _____

Date: _____

Signature of Parent/Guardian (or applicant if self-supporting)

Date