



WHITE MOUNTAIN REGIONAL MEDICAL CENTER AUXILIARY 2025 HEALTHCARE FIELD SCHOLARSHIP

Dear Scholarship Applicant:

The White Mountain Regional Medical Center (WMRMC) Auxiliary takes great pride in offering scholarships to individuals in the WMRMC service area for health-related careers.

We ask that you carefully examine the application. **Preference may be given to those who are already enrolled in or have completed course work in medical related fields, or those who have volunteered in or are working in the medical field.** Our goal is to provide support for individuals in our surrounding areas (St Johns, Springerville, Eagar, Reserve, NM and Quemado, NM) to further their education in a health-related field.

Please read the application carefully and be sure you have submitted all your documentation.

- **TRANSCRIPTS of any current education (high school, college, vocational, etc.)**
- **GPA (if have attended any educational institutions recently, (past 5 years)**
- **Three REFERENCES MUST accompany the application. Use the Reference form attached.**
- **If you have previously applied for this scholarship, you must submit your most current GPA, class schedule and recommendations.**
- **Applications must be postmarked no later than March 31, 2025.**

If you are unable to provide the needed information requested, please explain your reason why.

An interview with the members of the Scholarship Committee is required in the final selection process. You will be notified of the time and place after the closing date for applications. There may be instances for the interview to be done on Zoom at the committees' discretion. Interviews will be completed by end of April.

If the scholarship is granted to you, a grade point average of 3.0 is required for the first semester to receive the second semester funds. A copy of your GPA and second semester class schedule from your selected institution must be received to ensure payment. These **MUST** be received no later than **December 31, 2025**. No exceptions will be made for you to receive the second semester payment.

If you have applied for a scholarship previously you may re-apply. We have a limited number of scholarships to award due to limited funds so careful selection is used when reviewing applications. **All required documents must be submitted by the deadline of March 31.**

If you have any questions, please do not hesitate to contact Marilyn Slaughter at (928) 551-3192. Thank you for your interest and best regards to you.

If you have a successful year, we encourage you to reapply for the scholarship again.

Sincerely,

WMRMC Auxiliary
Scholarship Committee



**WHITE MOUNTAIN REGIONAL MEDICAL CENTER AUXILIARY
2025 HEALTHCARE FIELD SCHOLARSHIP**

General Information:

Name _____ Home Phone _____

Address _____ Work Phone _____

_____ Cell Phone _____

Email Address _____

Employment History:

From	To	Employer	
Job Title	Name of Supervisor		Phone
From	To	Employer	
Job Title	Name of Supervisor		Phone
From	To	Employer	
Job Title	Name of Supervisor		Phone
From	To	Employer	
Job Title	Name of Supervisor		Phone

Briefly describe your future health care career plans.

Why are you applying for this scholarship?

Education Institution Attending: _____

Program of Study: _____



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Financial Information:

What is the **annual cost** of attending the school you have selected? _____

How are you financing your education? _____

What other financial aid have you applied for? _____

What financial aid have you received or been granted? _____

List the honors and awards you have received. _____

List your community involvement and volunteer work. _____

Attach the following information:

- **TRANSCRIPTS of any current education (high school, college, vocational, etc.)**
- **GPA (if you have attended any educational institutions in the past 5 years)**
- **Three REFERENCES MUST accompany the application. Use the Reference form attached.**
- **If you have previously applied for this scholarship, you still must submit your most current GPA, class schedule and recommendations.**
- **Applications must be postmarked no later than March 31, 2025.**

If you are unable to provide the needed information requested, please explain your reason why.

If you are selected as a scholarship recipient, you are authorizing WMRMC Auxiliary permission to publish an article and/or photo of your award.

Signature: _____ Date _____

Submit applications to:

WMRMC
Auxiliary Scholarship Committee
118 South Mountain Avenue
Springerville, AZ 85938

If selected, the Scholarship Committee will contact you with interview date, time, and location. All interviews will be completed by the end of April.



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Scholarship Recommendation

Name of Applicant: _____

Recommendation Made By _____

Address _____ Home Phone _____

_____ Work Phone _____

Email Address: _____ Cell Phone _____

May we contact you if we feel further information is needed? YES NO

How are you acquainted with the scholarship applicant? _____

Recommendation: (If more space is needed, continue on the back of this form)

Please return your recommendation to the applicant for them to have their application to the Auxiliary by March 31th. Your recommendation must accompany applicant's application.