

**SWAHAP
SCHOLARSHIP REQUIREMENTS**

QUALIFICATIONS:

Students must be in good academic standings, pursuing a career in medicine.

Must have a financial need for a scholarship.

Must be attending a recognized university or college.

Immediate family members of SWAHAP members do not qualify for these scholarship

Intention to return to El Paso as a physician

El Paso Resident

REQUIREMENTS:

College Transcript

Medical School Acceptance Letter

Family financial statement. Total family or household income for the year

Two letters of recommendation(At least one from a college professor)

One page essay on “Why I have chosen medicine for my profession.”

Complete application form and above required items must be turned in to the following address by April 1, 2008.

Resume

SWAHAP SCHOLARSHIP
1444 MONTANA AVE STE. 101
EL PASO, TX. 79902

Email: HYPERLINK "mailto:contact@swahap.org" contact@swahap.org

**SWAHAP
Scholarship Application**

Name _____
First Name Middle Name Last name

Address _____
No. and Street Name City State Zip Code

Date of Birth ____/____/____ Place of Birth _____
Mo Day Yr City State

Sex: Male ___ Female ___

Marital Status: Single ___ Married ___ Divorced ___

Spouse's Name: _____ No of children _____

Father's Name: _____ Yearly Income: \$ _____

Mother's Name: _____ Yearly Income: \$ _____

Education:

High School: _____
Name

No. and Street State Zip Code

Years Attended GPA Diploma

University: _____
Name

Dates Attended: From: ____/____/____ To: ____/____/____

GPA: _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Signature: _____ Date: _____

Return complete application to:

SWAHAP
Scholarship Committee
1444 Montana Ave Ste 101
El Paso, TX. 79902