



CQCH Foundation Scholarship Application

To qualify, you must plan to be enrolled in a healthcare related field other than Nursing.
This application is NOT for nursing students.

Complete application packets must include the following and are due by May 3, 2024.

- Completed CQCH Foundation Scholarship Application form.
- Unofficial copy of high school or college transcript(s).
- Letter of Recommendation from a counselor, instructor, or medical professional.
- Personal Statement describing your future plans and how this scholarship will assist you in reaching your goals.
- Proof of acceptance to professional curriculum of accredited school.

Name: _____ Student ID# _____ If Applicable

Mailing Address: _____
PO Box/Street City State Zip

Phone: _____ E-Mail: _____

Date of Birth: _____ Graduated from: _____

Graduation Year: _____
Month/Date/Year High School/County/State

Residency for past five years: _____
City/County/State

New Full-Time Student

Current Full-Time Student

I expect to enroll at _____ For: Fall Semester 2024 Spring Semester 2025
Name & Location of College

Anticipated date of graduation with your Professional Degree: _____

Please list the program that you will be enrolled in: _____

*Upon receipt of application, the CQCH Foundation will process, and make awards to those deemed most qualified by the Board of Directors. The CQCH Foundation does not discriminate based on gender, race, economic status, ethnicity, sexual orientation, age, disability, or religion.

I certify that the information I have provided is accurate and complete.

Applicant's Signature: _____ Date: _____

Please return complete application packet to: CQCH Foundation, 101 Cole Ave. Bisbee, AZ 85603
For questions, please contact Myra Garcia, Foundation Manager, at (520)432-6445 or mgarcia@cqch.org.