

# **CNM** FOUNDATION

## **Ethicon Scholarship** **Fall 2016- Spring 2017**

The Ethicon Scholarship has been established through The CNM Foundation to assist students enrolled in the CNM Surgical Technology, Associate of Applied Science or Sterile Processing Technician Certificate. Students in the CNM Nursing program may also be considered. Awards will be made to the top forty eligible applicants. Funds are intended to ensure students in these programs have the resources needed to complete their program, graduate, and enter the workforce.

### **Eligibility Requirements:**

- Enrolled in CNM Surgical Technology, Associate of Applied Science or Sterile Processing Technician Certificate or Nursing program – preference given to Surgical Tech and Sterile Processing students
- Demonstrate exceptional merit and skill
- Preference given to students with a 2.5 or higher GPA
- Must demonstrate a passion for pursuing a career in their chosen major
- Have unmet financial need

### **Application Requirements:**

- Complete this Ethicon Scholarship application
- Letter of recommendation from a program instructor
- A personal statement about yourself, why you have chosen your major, your educational goals, your passion for pursuing a career in this field, and how your education at CNM will help you reach your goal

*CNM Student ID#:* \_\_\_\_\_

*CNM Email:* \_\_\_\_\_

*Name:* \_\_\_\_\_

*Last*

*First*

*Middle Initial*

*Address:* \_\_\_\_\_

*Apartment:* \_\_\_\_\_

*City:* \_\_\_\_\_

*State:* \_\_\_\_\_

*Zip Code:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_

*What is your current major at CNM?* \_\_\_\_\_

*Ethnicity: Please Circle (Optional)*

Asian

African American

White

Native American

Hispanic

Multi-Racial

*Are you a legal New Mexico Resident? Y or N*    *Gender: M or F* \_\_\_\_\_

*FAFSA Completed? Y or N*    *If not, explain why:* \_\_\_\_\_

*Please indicate the CNM Campus you are currently attending? (Please circle)*

Main - JMMC - Westside - South Valley - Rio Rancho - WTC / ATC - Online

I certify that the information I have provided is true and correct to the best of my knowledge. I give CNM, the scholarship selection committee, the CNM Foundation, and the donor of this scholarship consent to review my application, my academic record and supporting documentation. I understand that if I am awarded, I will provide a "Thank You" letter and that my photograph will be taken and these will be used at the discretion of CNM, CNM Foundation, or the donor of this scholarship.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Employees of CNM and their immediate families may not be eligible for some CNM or the CNM Foundation scholarships.

**Submit completed application to Financial Aid & Scholarship Services Main Campus**