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Why wait for a Sign On Bonus when you need the money now!

UNM Hospitals PT/OT/Speech Language Scholarship

UNM Hospitals is pleased to announce PT/OT/Speech Language Scholarships that will help provide financial assistance to students graduating from accredited PT/OT/Speech Language Programs and desiring to begin their careers at UNM Hospitals upon graduation.

PT/OT/Speech Language Scholarship Information, Criteria and Guidelines

Welcome! Thank you for your interest in the UNM Hospitals PT/OT/Speech Language Scholarships. We hope that the following information guides you through the process of applying for the Scholarship. Please call UNM Hospitals Human Resources Recruiting Assistant at (505) 272-0489 if you need additional information.

General Information

The UNM Hospitals PT/OT/Speech Language Scholarship is designed to financially assist a selected group of students who wish to become PT/OT/Speech Language Professionals and begin their careers at UNM Hospitals upon graduation. We take great pride in our facility and we are dedicated to providing personalized, holistic and high quality care to a diverse patient population. Our scholarship will:

Pay \$3,500 to students enrolled at any accredited PT/OT/Speech Language program.
Award will be paid out in two installments.

Scholarship graduates agree to join our professional PT/OT/Speech Language team at UNM Hospitals for a **minimum of two (2) years** upon graduation from an accredited PT/OT/Speech Language program.

Criteria

UNM Hospitals will only consider complete Scholarship application packets. Remember that your complete application represents you to the Scholarship committee. Each packet must consist of the following criteria:

- 1) The attached application* filled out in its entirety.
- 2) Proof of acceptance into an accredited PT/OT/Speech Language program;

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- 3) Transcripts for proof of academic ability and maintain at least a B or better average.
- 4) Provide evidence of leadership and character references.
 - a. Two (2) letters of recommendation from a guidance counselor, advisor, clinical instructor and/or professor.
 - b. A personal statement of at least 500 words in brief essay form identifying why the applicant chose PT/OT/Speech Language as a profession and why the scholarship is needed.
 - c. A Professional Resume.

Administrative Guidelines

These are the general guidelines that you need to follow:

- 1) Application for scholarship awards must be completed and returned to UNM Hospitals Recruitment Department, 1650 University Blvd NE, Suite 200, Albuquerque, NM 87102.
- 2) Upon recommendation of the Scholarship Committee, UNM Hospitals will award the scholarship(s) just after the start of the semester.
- 3) Scholarship monies will be paid in the following manner:
 - a. \$1,750 after the start and before the end of the school semester. Scholarships will be paid out in two installments. Failure to complete all course requirements will result in loss of all scholarship funding.
- 4) Applicants are responsible to see that all requirements are met and that all materials are submitted by the established deadline.
- 5) Scholarships are limited to PT/OT/Speech Language students enrolled in an accredited PT/OT/Speech Language program.

Multiple scholarship awards will require an additional six months commitment for each subsequent scholarship received.

Thank you for applying for the UNM Hospitals PT/OT/Speech Language Scholarship!
*Incomplete Scholarship Applications will not be considered or returned.



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**UNM Hospitals Scholarship Application for
PT/OT/Speech Language Students**

Recipients of Scholarships will not be eligible for any Sign On Bonus program upon hire.

Which term are you applying for?

Spring

Summer

Fall

Please Print or Type

Date of Application: _____

Full Name: _____
(First) (Middle) (Last)

Mailing Address: _____
(No. and Street) (Apt.) (City) (State and Zip)

Telephone Numbers: _____
(Home) (Work) (Other)

E-mail Address: _____

Name of College/University you are currently enrolled with? _____

What level/semester are you currently enrolled in? _____ GPA? _____

What is your expected graduation date? _____

Have you applied for the UNM Hospitals Scholarships before? _____ If yes, When? _____

Community/School Activities

List and describe any community and/or school activities in which you participate. Please attach a separate page if additional space is needed.

I certify that the information that is being provided for consideration to the UNM Hospitals Scholarship Board is complete and accurate to the best of my knowledge. I also understand that if I am awarded the Scholarship, I agree to join the PT/OT/Speech Language Pathologist team at UNM Hospitals for at least two (2) years upon graduation.

Applicant's Signature: _____ Date: _____



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**Human Resources Department
PT/OT/SPEECH LANGUAGE
SCHOLARSHIP AGREEMENT**

Name: _____ Soc. Sec.# _____ - _____ - _____

I acknowledge that as a condition of receiving a scholarship in the amount of \$3,500, I commit to continuous full-time employment (.75FTE or above) at UNM Hospitals for a minimum of 2 years at UNM Hospitals upon my graduation from an accredited PT/OT/Speech Language program. I understand that I have 2 months from the date of graduation to begin my employment with UNM Hospitals. If leave employment, drop below .75 FTE, change my status to Casual Pool, or leave a PT/OT/Speech Language Pathologist capacity before the end of the two (2) year period, or are unable to obtain a PT/OT/Speech Language license, I will be required to reimburse the Hospitals for this expense at the following pro-rata basis:

Less than 12 Months	100%
12-18 Months	50%
18-24 Months	25%
Over 24 Months	0%

I agree that UNM Hospitals will recover in part or in whole any reimbursement owed to the Hospitals from my wages due upon termination. If such wages are not sufficient to cover full reimbursement, I will pay the Hospitals the difference within thirty (30) days of failure to complete the two (2) year commitment as agreed. I understand that if I fail to reimburse the Hospitals as provided, I will be subject to a collection process.

Scholarship recipients are not eligible for any Sign On Bonus or Housing Assistance program upon hire.

Employee Signature _____ Date _____

Recruiter Signature _____ Date _____

Recruitment Manager Signature _____ Date _____

This form will be maintained in your personnel file upon hire.