



ZACHARY EILAND LANSFORD MEMORIAL SCHOLARSHIP.

This scholarship was established in memory of Zachary Eiland Lansford by his family. On April 24, 1999, at the young age of 17, Zac's life ended in an unfortunate car accident. Zac was a hero to his young niece and nephews, always willing to play, listen, love, and teach them. His family remembers Zac as a free spirit who lived life to its fullest. Because Zac loved life, hated to see people hurting, and was always willing to help a friend or a stranger, the Zachary Eiland Lansford Memorial Scholarship is designated for a student who wants to go into the field of nursing. The family of Zachary Eiland Lansford are excited and honored to have this opportunity to fund a scholarship, in the hopes of helping others.

CRITERIA FOR LANSFORD SCHOLARSHIP: Graduating senior from Sierra, Otero, or Union Counties; enrollment at an institution for higher learning with a degree plan to become a Registered Nurse; reputable grade point average and financial need.

Completed applications must be received at the HFSNM office no later than
March 31, 2010

Healthcare Foundation of SNM
301 S. Church St. Suite H
Las Cruces, NM 88001



Send completed application with all attachments to:
HFSNM
301 S. Church St., Suite H
Las Cruces, NM 88001

ZACHARY EILAND LANSFORD MEMORIAL SCHOLARSHIP APPLICATION

▪ Please print or type. ▪

Name _____
Last First Middle

Home Address _____

City _____ State _____ Zip _____

Birth date _____ / _____ / _____ Circle One: Male Female
Month Day Year

Phone (home) _____ Cell _____ Email _____

Parents/Guardians _____

Address _____

Phone (day) _____ (evening) _____ Email _____

Are you related to any officer, trustee, employee of or substantial contributor to HFSNM?* Yes No
 If "yes", name of relative/relationship _____

EDUCATION

| | Name of School | Dates Attended | Diploma, Degree or Certificate Earned | GPA |
|----|----------------|----------------|---------------------------------------|-------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

List honors and academic recognitions:

List High School activities and clubs:

List voluntary service in civic/community organizations:

Applicant Name: _____

EDUCATIONAL GOALS AND INFORMATION

List the educational institution(s) that you have applied to and/or have been accepted to:

| Name of Educational Institution | Address | City/State | Applied? | Accepted? |
|---------------------------------|---------|------------|----------|-----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

What degree or certificate are you planning to earn? _____

List all scholarships and financial assistance you are or will be receiving and the amounts awarded.

| | Applied? | Received? |
|-------|----------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Scholarship Application: Additional Required Information

- Please attach a two to five page printed or typewritten essay describing:
 - Your personal and career goals
 - Why you feel you deserve this scholarship
- Please attach at least one Letter of Recommendation (form attached) from a teacher, counselor, or employer (not a family member).
- Complete, sign, and date the application form and attach the additional required information. Completed applications will be accepted through **March 31, 2010** at:

Healthcare Foundation of Southern New Mexico
301 S. Church Street, Suite H
Las Cruces, NM 88001

I certify that I have answered all of the information truthfully to the best of my knowledge. I give permission to the Scholarship Committee to verify all information and to contact my reference(s).

| | |
|------------------------|-------|
| _____ | _____ |
| Applicant Signature | Date |
| _____ | _____ |
| Applicant (PRINT NAME) | Date |

*Please note: Persons related to any officer, trustee, employee of or substantial contributor to the Healthcare Foundation of Southern New Mexico are not eligible **

* As defined in the Internal Revenue Code

HEALTHCARE FOUNDATION OF SOUTHERN NEW MEXICO
301 S. Church St., Suite H • Las Cruces • NM • 88001 • (575) 521-4794 • www.cfsnm.org

Letter of Recommendation Completed by:

