



TRI-CITY HOSPITAL AUXILIARY

NURSING STUDENT SCHOLARSHIP APPLICATION 2024-2025 ELIGIBILITY CRITERIA AND STRUCTURE FOR NURSING CAREER SCHOLARSHIPS

4002 Vista Way, Oceanside, CA 92056

www.tricityhospitalauxiliary.org

Tel: 760-940-3125

Thank you for your interest in applying for a Tri-City Hospital Auxiliary Scholarship. Please read all of the following information carefully. **All criteria** must be met for your application to be accepted for review.

The Tri-City Hospital Auxiliary Scholarship Committee has established the following Eligibility Criteria and Structure as the basis for Nursing School scholarship candidates.

ELIGIBILITY CRITERIA

- Must be a current student in the Nursing program at CSUSM
- Must be enrolled for the 2024-2025 school year.(may start Summer 2024 and/or Fall-Spring 2024-2025)
- Minimum 3.0 Cumulative Grade Point Average and a minimum 3.0 GPA in Nursing Classes.
- Complete and include a Tri-City Hospital Auxiliary Scholarship Application.
- Include an unofficial transcript from your current college or university.
- Include a list of three personal references and their contact information.
- Include a Personal Statement using the following format:
 - One page typed and double spaced (**more than one page disqualifies the applicant**).
 - Place your name, college or university, and ID number in the top, left hand corner.
 - Must include in your statement:
 - personal background information
 - motivation
 - career goals
 - financial need

STRUCTURE OF THE SCHOLARSHIP

- Scholarships are for the academic year and may be renewed if funds are available. Recipients must apply each year.
- The scholarship is to be used for school related expenses such as tuition, fees, books, supplies, lab fees, uniforms, or computer accessories.
- Scholarships are not awarded to individuals working towards a Master's degree.
- Recipient will be notified by letter of their scholarship award and will receive a certificate acknowledging the award. Scholarship funds will be sent to the college or university of the recipient for disbursement.
- The gender, race, color, creed, or disability of an applicant will not be a consideration in determining eligibility.
- The Tri-City Hospital Auxiliary will be notified by the recipient's college or university if the student awarded a scholarship discontinues the academic program or becomes academically ineligible for the nursing program.
- Scholarship recipients will be invited to the Auxiliary Scholarship Awards Night held in April of 2024. Exact date and time will be announced at a later date.

Please email your completed application package to scholarships@csusm.edu by the deadline: **Tuesday February 6, 2024**. The colleges will deliver all applications to the Tri-City Hospital Auxiliary Office.

For further information contact Tri-City Hospital Auxiliary Scholarship Chairman
Bunny McElliott: bamcelliot@tcmc.com



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APPLICATION FOR NURSING SCHOLARSHIP 2024-2025

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Tel: 760-940-3125

Student Name: _____
Last First

Address: _____
Street

_____ City State Zip

Phone Number: (_____) _____ Email: _____

Student ID # _____ Cumulative Grade Point Average _____ Nursing Course GPA _____

Nursing School currently attending: _____

Nursing Program in which you are enrolled (LVN, RN, BSN): _____

When did you begin this program? _____

Year/semester of Nursing School in which you are currently enrolled? _____
(Ex: 1st year, 2nd semester)

When do you expect to graduate? _____
(Ex: Spring 2025)

Are you currently receiving a Pell Grant ____CCPG (formerly BOGW) ____Scholarship ____Student Loan ____?

Please email your completed application package to scholarships@csusm.edu by the deadline: Tuesday February 6, 2024. The colleges will deliver all applications to the Tri-City Hospital Auxiliary.

AUTHORIZATIONS

I hereby authorize the release of this information to the Tri-City Hospital Auxiliary, donors, and the college or university I am currently attending. If awarded a scholarship, you have my permission to release this information to the media and donors.

Signature: _____ Date: _____

I authorize the college or university I am attending to release my financial aid information to Tri-City Hospital Auxiliary.

Signature: _____ Date: _____

I authorize Tri-City Hospital Auxiliary Scholarship Committee to receive a statement that I am still enrolled in the Nursing program at my college or university.

Signature: _____ Date: _____

I affirm that the information contained herein is true and accurate to the best of my knowledge and belief.

Signature: _____ Date: _____