



# TRI-CITY HOSPITAL AUXILIARY

## ELIGIBILITY CRITERIA AND STRUCTURE

### NURSING SCHOLARSHIP APPLICATION 2025-2026

4002 Vista Way, Oceanside, CA 92056

[www.tricityhospitalauxiliary.org](http://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, MiraCosta College, or Palomar College.
- Must be enrolled for the **2025-2026 school year**. (May start Summer 2025 and/or Fall-Spring 2025-2026)
- Minimum 3.0 Cumulative Grade Point Average and a minimum 3.0 GPA in Nursing Classes.
- Complete and include a **2025-2026 Tri-City Hospital Auxiliary Nursing 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 STARTING Fall, 2025-2026, 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 April 15, 2025**. Exact place and time will be announced later.

Please email your completed application package to [scholarships@csusm.edu](mailto:scholarships@csusm.edu) by the deadline: **Wednesday February 5, 2025**. 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](mailto:bamcelliot@tcmc.com)



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## APPLICATION FOR NURSING SCHOLARSHIP 2025-2026

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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: 1<sup>st</sup> year, 2<sup>nd</sup> semester)

When do you expect to graduate? \_\_\_\_\_

(Ex: Spring 2026)

Are you currently receiving a Pell Grant \_\_\_\_ CCPG (formerly BOGW) \_\_\_\_ Scholarship \_\_\_\_ Student Loan \_\_\_\_?

**Please email your completed application package to [scholarships@csusm.edu](mailto:scholarships@csusm.edu) by the deadline: Wednesday February 5, 2025. The colleges will deliver all applications to the Tri-City Hospital Auxiliary Office.**

If you are chosen for a scholarship, will you be able to attend our Scholarship Awards Night on **April 15, 2025**?

Yes \_\_\_\_\_ No \_\_\_\_\_

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