Tri-City Hospital Auxiliary

2027 NURSING SCHOLARSHIP

Eligibility Criteria and Structure for Nursing Scholarships
for school year 2027-2028

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

1. Must be a current student in the Nursing program at CSUSM, Mira Costa College, or Palomar College and enrolled in the 2027-2028 school year.
2. Minimum 3.0 Cumulative Grade Point Average and a minimum 3.0 GPA in Nursing Classes.
3. Complete and include a Tri-City Hospital Auxiliary Scholarship Application.
4. Include an unofficial transcript from your current college or university.
5. Include a list of three personal references and their contact information.
6. 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

1. Scholarships are for the **academic year 2027-2028** and may be renewed if funds are available. Recipients must apply each year.
2. The scholarship is to be used for school related expenses such as tuition, fees, books, supplies, lab fees, uniforms, or computer accessories.
3. Scholarships are not awarded to individuals working towards a Master's degree.
4. Recipient will be notified by email or 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. Full year scholarships are distributed in parts, half the first semester, half the second semester.
5. The gender, race, color, creed, or disability of an applicant will not be a consideration in determining eligibility.
6. 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.
7. Scholarship recipients will be invited to the Auxiliary Scholarship Awards Night held **April 20, 2027 (tentative)** at Tri-City Medical Center. Invitations will be sent with information.

Please return completed application package to your college or university scholarship coordinator before the application deadline at that institution. Colleges will deliver their applications to the Tri-City Auxiliary Office no later than noon on **Tuesday January 26, 2027**. **No applications will be accepted after that date**.

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

TRI-CITY HOSPITAL AUXILIARY

2027 APPLICATION FOR NURSING SCHOLARSHIP

For School Year 2027-2028

4002 Vista Way, Oceanside, CA 92056 www.tricityhospitalauxiliary.org Tel: 760-940-3125

Student Name: _____ _____
Last First

Address: _____
Street

_____ _____ _____
City State Zip

Phone Number: (_____) _____ Email: _____

(Optional Question: Your age span: ___18-26 ___ 27+ (For grant purposes only)

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 2027)

Are you currently receiving a Pell Grant ____ CCPG (formerly BOGW) ____ Scholarship_____ Student Loan_____?

Please confirm the due date with your college Scholarship Coordinator. The colleges will deliver all applications to the Tri-City Hospital Auxiliary Office no later than **NOON** on Tuesday, **January 26, 2027**. Applications submitted after this time/date **will not** be considered.

If you are chosen for a scholarship, will you be able to attend our Scholarship Awards Night tentatively onTuesday, **April 20, 2027**? 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:** _____

I understand full-year scholarships are distributed half per semester. **Initials**:_____ **Date:** _____