



TRI-CITY HOSPITAL AUXILIARY

2026 APPLICATION FOR NURSING SCHOLARSHIP

For School Year 2026-2027

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 Wednesday, **January 28, 2026**. 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 on Tuesday, **April 14, 2026**?

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:** _____