

**El Camino Hospital Auxiliary
El Camino Hospital Foundation
2019-2020 Academic Year**

To Scholarship Applicant:

Attached is the application form needed to apply for El Camino Hospital Auxiliary and Foundation scholarships for the 2019-2020 school year. Eligibility requirements are:

1. You must be a United States citizen or a permanent resident of the United States.
2. You must live within the ECH district, which includes the cities of Mountain View, Sunnyvale, Los Altos, Los Altos Hills; OR reside in Los Gatos, Santa Clara, Saratoga, San Jose, Campbell or Cupertino.
3. You must be a permanent resident of California.
4. El Camino Hospital employees do not have to live in the district and immediate family members of an ECH employee are also eligible for Health Profession Scholarships.
5. You will be accepted or are already enrolled in a *health professional program* as listed below for the 2019-2020 school year.
6. You must attend or are already attending an **ACCREDITED California College or University as a Full-time Student (12+ units).**

Application Requirements:

In order for your application to be processed by the Scholarship Committee, it must contain the following:

1. A completed application form.
2. **THREE ORIGINAL SEALED** letters of recommendation on official letterhead *or* on school letterhead with the signature and title from current teachers, counselors, school administrators or employers. If you are currently receiving a scholarship from the El Camino Hospital Auxiliary or Foundation, only *one* letter of recommendation from a *current* teacher or counselor is required.
3. **Official scholastic transcript(s) from your most recent high school, college or university**, including one from the spring or fall semester or quarter of 2018, and current enrollment verification.
4. A copy of the first page of the **2017 Federal Income Tax Return, Form 1040**, for any person(s), including yourself, contributing to your education.
5. Copy of proof of United States citizenship: birth certificate, (if born in U.S.), passport or U.S. citizenship papers, if applicable.
6. A recent headshot photograph of yourself attached to the space provided on the application.

El Camino Hospital Auxiliary Scholarship Committee, 2500 Grant Road, MS WIL 231, Mountain View, CA 94040

Scholarships will be awarded only to applicants pursuing one of the following programs:

- Clinical Laboratory Technology
- Dietitian
- Nursing
- Advance Degree Nursing
- Pharmacy
- Pharmacy Technology
- Physical Therapy
- Radiology Technology
- Respiratory Therapy
- Occupational Therapy

Application Procedure

It is ***your*** responsibility to see that the completed application packet with the following items is received in the Auxiliary Office by 4:00 p.m., **Friday, February 1, 2019**: transcript(s), tax form(s) and letter(s) of recommendation (scholarship renewals need only one) and copy of proof of U.S. citizenship or permanent residency. **There are no exceptions.**

Mail to: El Camino Hospital Auxiliary
Attn: Scholarship Committee
2500 Grant Road
MS WIL 231
Mountain View, CA 94040

Drop off: El Camino Hospital Auxiliary Office
Willow Pavilion, 2nd Floor, Suite 214

Telephone: 650-940-7214

Interviews

Our committee will hold individual interviews at the Auxiliary Office during the month of March. Current scholarship recipients who are reapplying will not need an interview unless requested by the committee.

Awards

All applicants will be notified by the end of April 2019 whether or not they have been awarded a scholarship. **Scholarship funds are sent to the Financial Aid Office of your school. You must request that the Registrar or the Financial Aid Office send us verification of enrollment as a full-time student in a health professional program as listed on page 1 for the fall semester or quarter. At that point, scholarship funds will be sent to the Financial Aid Office of your school.** Depending on the type of scholarship you receive, recipients may be eligible for scholarships for up to four (4) years.

Awards can only be used for the 2019-2020 academic year for tuition, books and fees and NOT to pay off loans.

Dates to Remember:

Feb. 1, 2019 Transcript(s), one copy each of the first page of the 2017 Federal Income Tax Return for any person(s), including yourself, contributing to your education, **three letters** of

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recommendation (renewals need only **one new letter**), and a copy of proof of U.S. citizenship or permanent residency are due in the Auxiliary office by the deadline. **Your application will not be considered unless all documents** are in the Auxiliary Office no later than **4:00 PM Friday, February 1, 2019**.

- March 2019** Individual interviews will be held during this time. You will be contacted by phone to schedule your interview (date and time), to be followed by a conformation email.
- April 2019** Notification of awards will be available the last week of April 2019.

If you have any questions, please telephone the **Auxiliary office (650-940-7214)** and leave a message for someone on the Scholarship Committee. Your call will be returned as soon as possible. **Please keep this page for future reference.**

Sincerely, El Camino Hospital Auxiliary, Scholarship Committee

**El Camino Hospital Auxiliary and Foundation
2019-2020 Academic Year
Scholarship Application**
*All applicants, including those reapplying must complete application.
Please print clearly or type.*

Name: Mrs. Mr. Ms. (Please Circle) _____

Mailing Address _____ Telephone (H) () _____
(C) () _____
City / State _____ Zip _____

Permanent Address _____ Telephone (H) () _____
(C) () _____
City / State _____ Zip _____ **E-mail required:** _____

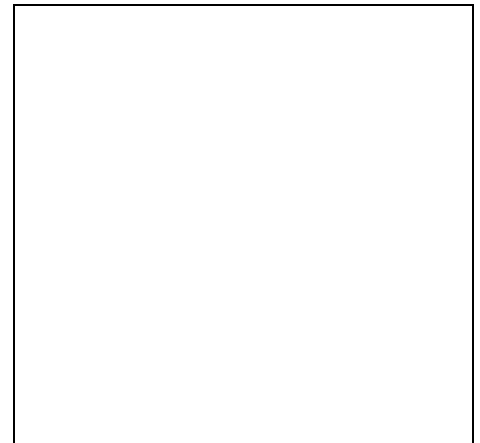
Age ____ Copy of Proof of U.S. Citizenship/Permanent Resident: Birth Certificate ____ Passport ____

U.S. Citizenship ____ Permanent Residency ____ Single ____ Married ____ Divorced ____ Widowed ____

1. Applicant's Area of Study (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Clinical Laboratory Technology | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Dietitian/Nutrition | <input type="checkbox"/> Radiology Technology |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Advance Degree Nursing | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Pharmacy | |
| <input type="checkbox"/> Pharmacy Technology | |

Picture



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2. Education

List high schools and/or colleges, *beginning with the current or most recent.*

School	City	Dates Attended	Degree / Diploma

If you are currently a college student, how many more units do you need to graduate? _____

When do you expect to graduate? _____

If you are graduating from high school, or if you plan to transfer from your present college or university, list your choice of schools in order of preference. **For this scholarship, the school MUST be an accredited California school. The committee will check accreditation.**

1. _____ 3. _____
 2. _____ 4. _____

Have you ever received a scholarship from El Camino Hospital? ___ No ___ Yes Year(s) _____

3. Work Experience

Employer	Type of Work	Dates

4. Please submit answers to the following questions on separate sheet(s) of paper.

- a. Briefly describe your career goals and what you consider to be necessary qualifications for success
- b. Provide a list of Awards, Honors and Scholarships
- c. Describe extracurricular activities and/or interests
- d. Write a brief description of why you are applying for financial aid.

5. Financial Information

Information in this section must be filled out completely or your application will be rejected.

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CA 94040**

All information will be held in strictest confidence.

Please provide all resources of financing your education for the 2019-2020 academic years and include an estimate of those funds. Please check and explain.

__ Personal _____ \$ _____

__ Grants _____ \$ _____

__ Loans _____ \$ _____

__ Scholarships _____ \$ _____

__ Parental _____ \$ _____

__ Spouse _____ \$ _____

__ Other _____ \$ _____

If you are personally financing your education, what is your approximate annual income? _____

How many are dependent on this? _____

Please complete the part below, if receiving assistance.

Father / Guardian / Spouse (circle one) Name _____

Address _____

City / State _____ Zip _____

Telephone _____ Occupation _____

Employer _____ How long? _____

Annual Income _____

Mother / Guardian (circle one) Name _____

Address _____

City / State _____ Zip _____

Telephone _____ Occupation _____

Employer _____ How long? _____

Annual Income _____

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List the names, ages and schools of the other children in your family who are financially dependent on you or your parents, if applicable.

Name	Age	School

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CA 94040**

How many people are dependent on the income or combined incomes? _____

Please include a copy of the first page of the **2017 Federal Income Tax Return** for any person(s) contributing to your education.

I verify that the above information is correct.

Signature _____ Date _____

8. Letters of Recommendation must be included with the application packet.

Three sealed letters of recommendation are required from current teachers, counselors, school administrators or employers. Reapplying applicants need only **one new letter** of recommendation. Please ask those who provide references to limit their letters to **one page**. Letters should be written on official *or* school letterhead and should include the signature, title, phone number and e-mail address of the writer. **No letter of recommendation will be accepted by e-mail or fax.**

YOUR COMPLETED APPLICATION MUST BE IN THE AUXILIARY OFFICE BY 4:00 PM FRIDAY, February 1, 2019.

Mail to: El Camino Hospital Auxiliary
Attn: Scholarship Committee
2500 Grant Road,
MS WIL 231
Mountain View, CA 94040

Drop off: El Camino Hospital Auxiliary Office
Willow Pavilion, 2nd Floor, Suite 214

Please indicate dates of spring break and midterms to assist in scheduling interviews: _____

Interviews will be completed in March 2019.

Awards will be made by the end of April 2019.

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APPLICATION CHECK LIST

Before returning your application, be sure you have included in your packet ALL of the items listed:

- ___ Completed Scholarship Application form, 2019-2020. The application is available online, <http://www.elcaminohospital.org/scholarship>, or in the Auxiliary Office.
- ___ **Three** letters of recommendation (1 new letter for renewals). **Caution: be aware of application deadline as you request your letters.**
- ___ Copy of passport, birth certificate, U.S. citizenship or permanent residency papers
- ___ Recent individual headshot photograph (approximately 2 ½ x 3)
- ___ Copy of Federal Income Tax Return 2017, Form 1040
- ___ Official transcript of high school or college(s), including one from spring or fall semester or quarter of 2018
- ___ Dates of spring break and mid-terms for 2019
- ___ **Deadline: Both hand-delivered or mailed application packet must be in the Auxiliary Office by 4:00PM Friday, February 1, 2019. NO EXCEPTIONS.**

Mailing Address:

El Camino Hospital Auxiliary
Attn: Scholarship Committee
2500 Grant Road
MS WIL 231
Mountain View, CA 94040

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Willow Pavilion, 2nd Floor, Suite 214