

**WOMEN'S AUXILIARY OF
PIONEERS MEMORIAL HOSPITAL
Scholarship Application**

FIRST TIME APPLICANTS:

- To be eligible, an applicant must be accepted in the nursing program at Imperial Valley College or other medical programs acceptable to the Scholarship Committee.
- Complete Application and **include a small picture.**
- Include Unofficial Transcript of Grades. Foundation Office can provide this.
- Personal Statement – give related information about yourself, explain why you are pursuing the medical field and your goals.
- Two current Letters of Recommendation (no relatives).
- Only GPA of 3.0 or better will be considered.
- All applicants will be contacted for interview.

PREVIOUS SEMESTER RECIPIENTS:

- Complete Application.
- Include Unofficial Transcript of Grades. Foundation Office can provide this.
- Updated Personal Statement – give related information about yourself, explain why you are pursuing the medical field, what you have achieved to date, and your goals.
- Two Updated Letters of recommendation.
- All applicants will be contacted for interview.

**ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.
NO OTHER APPLICATION FORMS WILL BE ACCEPTED.**

Annual Application Windows

Fall Semester: March 1st – April 30th, awarded in August

Spring Semester: October 1st - November 30th, awarded in January

Submit your completed application along with a **small picture**
to the IVC Foundation Office
or the Pioneers Memorial Hospital Women's Auxiliary Gift Shop
For more information, please contact: Grace Edgar (602) 418-6826

PMH Women's Auxiliary Scholarship Application

Please type or print: Date: _____

Name: _____

Address: _____

Phone: _____ Cell: _____ Work: _____

Education: High School Attended: _____

Graduate _____ YES _____ NO Year _____

College: _____

Graduate _____ YES _____ NO Year _____

Other Schooling: _____

Graduate _____ YES _____ NO Year _____

YOUR NEXT SEMESTER WILL BE: _____ 2nd _____ 3rd _____ 4th

Have you received scholarships from any auxiliary before? _____

Are you working at a hospital now? _____

If so...Where: _____ When: _____

Spouse's Name (if married): _____

Occupation: _____

Father's Name and Address: _____

Occupation: _____

Mother's Name and Address: _____

Occupation: _____

Children and/or Dependents and ages: _____

Sources of Income (Grants, Scholarships):

1. _____ Amount: _____

2. _____ Amount: _____

What other scholarships and/or financial aid have you applied for?

Do you plan to work during the school year? _____ YES _____ NO

Name of College you are now attending and your current major:
