



EISENHOWER HEALTH DOLORES HOPE AUXILIARY

Nursing Scholarship Program

Founded by Dolores Hope in 1969, the Eisenhower Dolores Hope Auxiliary's (EDHA) mission is to support Eisenhower Health, the Coachella Valley's only not-for-profit hospital. The Auxiliary is proud to continue its long tradition of support for Eisenhower employees seeking higher education.

Auxiliary scholarship awards began in the spring of 1975 and since then have totaled more than \$1,000,000. Through its current scholarship program, individual scholarships may be awarded to eligible employees enrolled in nursing degree programs. Scholarship amounts to be awarded range from \$1,000 to \$2,500 or more.

Selection criteria will include consideration of scholastic achievement, financial need as well as the needs of Eisenhower Health. The Scholarship Program is administered by the Auxiliary Governing Board Scholarship Committee.

Eligibility Requirements

1. Current employee working toward a degree in nursing who has been employed by Eisenhower Health for at least two years. (Note: degree programs above master's level are NOT eligible.).
2. Agree to continue employment at Eisenhower for two years from date of course completion.
3. May not have received more than four scholarships through this program.
4. Applicant must be enrolled in an accredited institution and have at least a 3.0 GPA (on a 4.0 system).

Application Process

Complete **this application form** with the following attachments:

You must apply for the Free Application for Federal Student Aid (FAFSA) for the 2024-25 Academic Year: studentaid.gov/fafsa-app/ROLES. Download the SAR when you receive it so that it is available (**in its entirety**).

- 1) The complete **SAR PDF**
- 2) Completed **Employer Statement**
- 3) Most recent **transcripts**

When you have completed and gathered **all of the above items**, please email them to EisenhowerAuxiliary@icloud.com.



EISENHOWER HEALTH
DOLORES HOPE AUXILIARY

NURSING SCHOLARSHIP APPLICATION

Personal Information

Last Name: _____ First Name: _____ MI _____

Address: _____ City _____ ST: _____ ZIP: _____

Email: _____

Home Phone: _____ Work: _____ Cell: _____

High School: _____ Location (city/ST): _____

Prior Degrees and Certifications

Degree/Cert: _____ Institution: _____ Date: _____

Degree/Cert: _____ Institution: _____ Date: _____

Degree/Cert: _____ Institution: _____ Date: _____

Are you participating in any other loan, tuition reimbursement, stipend and/or scholarship program? Y N

If yes, which one(s): _____

Explain below how your further education will benefit you and Eisenhower Health:



EISENHOWER HEALTH
DOLORES HOPE AUXILIARY

NURSING SCHOLARSHIP APPLICATION

Current Educational Program

Last Name: _____ First Name: _____ MI: _____

Name of School: _____

Type of Degree or Certification: _____ Program length (mos): _____

Date you began your current program (mm/yyyy): _____

Estimate Completion Date(mm/yyyy): _____

Current enrollment period (mm/yyyy) From: _____ To: _____

Current Credits Completed: _____ Credits Remaining: _____

Total Program Cost: _____ Cost This Enrollment Period: _____

While pursuing this course of study, how many hours per week will you work at
Eisenhower Health? _____

Description of classes:

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

Signature of Applicant

Date (mm/dd/yyyy)