

The Auxiliary



Community Hospital of the Monterey Peninsula*

Scholarship Application Checklist

PLEASE NOTE: AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED

ELIGIBILITY: Applicant must--

- Be a current resident of Monterey County for a minimum of one year.
- Be enrolled in an academically approved community college or four-year university healthcare program.
- Show evidence of good academic performance as verified by references and grade point average (GPA).
- Have verifiable financial need.

Students may apply *once during a semester* and *all the required documents* must be submitted each time.

REQUIRED DOCUMENTS:



_____ **CHOMP Auxiliary Scholarship Application**, completed and signed.

_____ **Letter of Introduction** written by you to the Scholarship Committee; describing you, your financial need, education plans and future goals.

_____ **Financial Aid Verification**—Please contact the Student Financial Services Office at the school; one of the following must be submitted:

➤ If **Yes**....Receiving financial aid—

Submit a copy of the *Financial Aid Notification Award Letter* indicating the source and amounts of financial aid you will be receiving and your financial need.

-OR-

➤ If **No**....Not receiving financial aid—

Submit the (Social Services) *Form Letter* or a *Financial Aid Form Letter* completed by the Financial Services Office stating the reason you are not receiving financial aid or that you are only receiving the Board of Governor's Fee Waiver (BOGFW)*.

(Reasons such as: "does not qualify"; "did not apply"; "too many units".)

*If you are only receiving the BOGFW, *either* of the above letters is acceptable stating this fact and the dollar amount waived.

_____ **Official Transcript** (*a copy is not acceptable*) of your most recently completed semester.

_____ **Performance Evaluation Statement** completed by an Instructor in the healthcare program.

_____ **Verification of Student Status** form or letter completed by the Healthcare Program Director or the Program Secretary, giving your current enrollment status and your date of graduation.



The Scholarship Committee meets on the 2nd Wednesday of each month (except in July and August - there is no meeting).

The application with all the required documents is due by the 15th day of the month before a scholarship meeting. (For example: If the Scholarship Meeting is February 14th, then the application should be submitted by January 15th.)

For completed applications received by the 15th deadline, a postcard will be sent to the applicant acknowledging receipt of their application and giving the date of the next Scholarship Committee Meeting.

If an application is submitted by the deadline but is incomplete, the applicant will be notified in writing for the additional items needed to complete their application. Applicants will be given another couple weeks to submit the additional required items so that their application will be complete for the upcoming meeting. However, if the additional required items are not submitted by the extended deadline, then their application will be held in file and considered at the following month's Scholarship Committee Meeting, provided the additional items have been received.

If an application is received past the 15th deadline, it will be held in file and processed for the following month's Scholarship Committee Meeting the same as above; meaning, if it's a completed application, an acknowledgment postcard will be sent giving the following month's scheduled Scholarship Meeting; or, for an incomplete application, a letter requesting the additional required items.

Approximately seven to ten days after the Scholarship Committee Meeting, announcement letters are mailed to the applicants and the funds are mailed to the Financial Services or Scholarship Office at the school, unless otherwise stated in the announcement letter.

If you have any questions, please call:

(831) 622-2824 = Kimberly Kent, Auxiliary Scholarship Coordinator

(831) 625-4555 = Auxiliary Office

(831) 622-2751 = Auxiliary Fax

Please send your application to: CHOMP Auxiliary
Attn: Scholarship Coordinator
P.O. Box HH
Monterey, CA 93942

The Auxiliary



Community Hospital of the Monterey Peninsula*

Scholarship Application

PLEASE NOTE: AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED
(Type or Print clearly in blue or black ink only.)

Name _____ Social Security # _____
Last First M. I.

Date of Birth (mo/day/year) ____/____/____

Address _____ Married Single Male Female

City _____ Are you a resident of Monterey County? _____

State _____ Zip _____ Phone# (____) _____ How many years? _____

Have you ever been or currently a CHOMP Auxiliary Member? No Yes ▶ Member as: Adult Collegiate Junior

CURRENT HEALTHCARE PROGRAM: LVN RN BSN MSN MLT Other: _____

Name of college _____ Currently enrolled in healthcare program? _____

Address _____ Spring '____ Summer '____ Fall '____

City _____ Date program first started (mo/yr) ____/____

State _____ Zip _____ Phone# (____) _____ Date of Graduation (mo/yr) ____/____

FINANCIAL AID STATUS: Have you applied for Financial Aid since starting this healthcare program?

Please Note: If only receiving the Board of Governor's Fee Waiver (BOGFW), either of the letters below is acceptable stating this fact and giving the dollar amount waived.

Yes – Must attach a *copy* of the *Financial Aid Notification Award letter* from the Student Financial Services Ofc.

No – Must attach the *Form Letter*, completed by the Student Financial Services Office, stating the reason.

Please list all other awards, scholarships, and financial aid you have received but not mentioned on above letters.

Please give name of organization, date, and the amount received.

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

LIST PREVIOUS COLLEGES ATTENDED: (list most recent college first)

Name of College	What Year(s) Attended	Degree/Major
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

DEPENDENTS You Support Financially: (list name, age, and relationship)

Name	Age	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

EMPLOYMENT:Are you currently employed? Yes No

Employer _____

Address _____

City, State, Zip _____

Phone # _____

Job Title _____

 Full-Time Part-Time Per Diem Temp

Projected gross annual income \$ _____

Any other financial support? Yes No

Name _____

Relationship _____

Their Employer _____

Employer's City & State _____

Employer's Phone # _____

Occupation or Job Title _____

Last year's (other) gross annual income \$ _____

EMPLOYMENT HISTORY DURING PAST TWO YEARS: (list most recent job first)

	Employer	Job Title	Dates	Weekly Hours	Hourly Wage
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

OTHER INCOME: (enter amount received per month)

AFDC \$ _____
 Child Support \$ _____
 Non-taxable Income or Benefits \$ _____
 Other _____ \$ _____

ASSETS: (enter current amounts)

Checking Account \$ _____
 Savings Account \$ _____
 Investments (Stocks, Bonds, Mutual Funds, etc.) \$ _____
 Other _____ \$ _____

EXPENSES: (enter amounts per month)Live at Home (with parents) Yes No

Mortgage or Rent \$ _____
 Car Payments _____
 Insurance Payments _____
 Credit Card Payments _____
 Loan Payments _____

Food Expenses _____
 Utility Expenses _____
 Child Care Expenses _____
 Other Expenses _____
MONTHLY TOTAL \$ _____

COSTS OF HEALTHCARE PROGRAM: (enter amounts spent for the current semester)

Tuition \$ _____
 Books _____
 Uniform _____

Insurance _____
 Other / Misc _____
SEMESTER TOTAL \$ _____

I certify that all information I have entered on this application is true and correct to the best of my knowledge, and that any deliberately false information can be cause for disqualification from the CHOMP Auxiliary Scholarship Program.

Applicant's Signature _____

Today's Date _____