

**El Camino Hospital Auxiliary  
El Camino Hospital Foundation  
2025-2026 Academic Year**

**To Scholarship Applicant:**

Attached is the application form needed to apply for El Camino Hospital Auxiliary and Foundation scholarships for the 2025-2026 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 have been accepted or are already enrolled in a *health professional program* as listed below for the 2025-2026 school year.
6. You have been accepted or are already a full-time student at an ACCREDITED California College or University. (Full time status equals 12 plus units/credits)

**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 2024, and current enrollment verification.
4. A copy of the first page of the **2023 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.
  - Clinical Laboratory Technology
  - Dietitian
  - Nursing
  - Advance Degree Nursing
  - Pharmacy
  - Pharmacy Technology
  - Physical Therapy
  - Radiology Technology
  - Respiratory Therapy
  - Occupational Therapy

**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:

## **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, March 28, 2025**: 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

**Telephone: 650-940-7214**

Attn: Scholarship Committee  
2500 Grant Road  
MS WIL 231  
Mountain View, CA 94040

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

## **Interviews**

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

## **Awards**

All applicants will be notified in early May 2025, whether 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 2025-2026 academic year for tuition, books and fees and NOT to pay off loans.**

## **Dates to Remember:**

**March 28, 2025**, Transcript(s), one copy each of the first page of the 2023 Federal Income Tax Return

any person(s), including yourself, contributing to your education, **three letters** of 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, March 28, 2025.**

**April 2025** 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.

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**May 2025** Notification of awards will be available in early May 2025.

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.**

**El Camino Hospital Auxiliary and Foundation  
2025-2026 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)**

**Picture**

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

**2. Education**

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

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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? \_\_\_\_\_

**. 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.  
**All information will be held in strictest confidence.**

Please provide all resources of financing your education for the 2025-2026 academic years and include an estimate of those funds. Please check and explain.

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\_\_\_ 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 \_\_\_\_\_

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

Please include a copy of the first page of the **2023 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, March 28, 2025.**

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, 2<sup>nd</sup> Floor, Suite 214

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

Interviews will be completed in April 2025.

Awards will be made in early May 2025.

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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, 2025-2026. 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 2023 Form 1040
- \_\_\_ Official transcript of high school or college(s), including one from spring or fall semester or quarter of 2024
- \_\_\_ Dates of spring break and mid-terms for 2025
- \_\_\_ **Deadline: Both hand-delivered or mailed application packet must be in the Auxiliary Office by 4:00PM Friday, March 28, 2025. NO EXCEPTIONS.**

**Mailing Address:**

El Camino Hospital Auxiliary  
Attn: Scholarship Committee  
2500 Grant Road  
MS WIL 231  
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