

*Employees Association, Professionals  
Education Scholarship Application*

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name of EAP Member \_\_\_\_\_

Department in which employed \_\_\_\_\_

Association Membership:            r EAP                            r Child of EAP Member

**Requirements to be submitted with application form:**

EAP member:            Proof of enrollment in a course of study leading to an advanced degree, diploma or certification in a healthcare field and of at least 30 semester hours in length.

EAP Dependent:        Proof of enrollment in a course of study leading to an advanced degree, diploma or certification in a healthcare field and of at least 30 semester hours in length. (Must be enrolled in nursing school, medical school, radiology training, etc. Not pre-med, prerequisites for nursing school, etc.

The application with required documentation can be placed in the EAP mailbox or given to an EAP Board Member.

6/07 aw