

Employees Association of Professionals  
Education Scholarship- **MEDICAL**

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

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

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

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

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

Association Membership:

EAP member \_\_\_\_\_ EAP dependent \_\_\_\_\_

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. Pre-med, prerequisites for nursing school etc. do not qualify)

The application with required documentation of enrollment as well as a short essay can be emailed to [captahoeforest@gmail.com](mailto:captahoeforest@gmail.com). Must be received by July 1