Clay Taylor Embry & Mary Almira Smith Embry Memorial Scholarship Fund

The Clay Taylor Embry and Mary Almira Smith Embry Memorial Scholarship Fund is a continuing, fully-funded nursing scholarship to be administered by the Tri-State Memorial Hospital Auxiliary. It is funded through an endowment trust from the above individuals and was established in May 1985.

Eligibility for the award is based on the following criteria:

- Applicant must be a high school graduate or the equivalent.
- Students must be enrolled in a full-time nursing program in the Fall 2016 term. -OR- Applicant must be a full-time nursing student entering the second year of the nursing program.
- Applicant must demonstrate a grade point average (GPA) of at least 2.5 in high school or equivalent course work. -OR- Must have maintained an overall GPA of 2.5 with a minimum of 2.0 in any subject during first year of nursing program or other college level classes.
- Applicants may receive this scholarship twice.
- Applicant must be available for face to face interview with Auxiliary Scholarship Committee.
- Applicant attending school in the Lewiston Clarkston Valley—Nez Perce County or Asotin County preferred.
- Auxiliary Scholarships Funds are to be used for tuition, books and labs. Funds are directly deposited to the attending college.
- Auxiliary Scholarship recipients must pledge to apply for a position at Tri-State Memorial Hospital upon graduation. If a position is available, and the applicant is hired for the position, they must commit to work at least one year after licensing. This requirement may be waived in lieu of missionary or public service commitments at the discretion of the Auxiliary Scholarship Committee.

To apply for the Embry Memorial Scholarship, please complete the attached application. All scholarship application materials must include:

- Application Form
- One Advisor/Counselor Report
- Two References (non-relatives)
- Official current grade transcript

Return completed application to the Community Relations Office, Tri-State Memorial Hospital, by June 30, 2016. After June 30, the applications will be reviewed by the Auxiliary Scholarship Committee. Award recipients will be notified no later than August 1, 2016.

For additional information, call (509) 758-4902 or email auxiliary@tsmh.org
Mailing Address: PO Box 189 • Clarkston, WA 99403 • tristatehospital.org
Office Location: 1254 Highland Ave • Clarkston, WA
TRI-STATE MEMORIAL HOSPITAL AUXILIARY
NURSING SCHOLARSHIP PROGRAM

APPLICATION FOR SCHOLARSHIP
(Please print or type all information)

Name ____________________________________________

(First) (Last) (Middle)

Address

(Street Address and/or Post Office Box)

(City) (State) (Zip Code)

Graduating
High School

(City) (State) (Zip Code)

Year of Graduation

TO ALL APPLICANTS: PRIOR TO COMPLETING THIS APPLICATION, PLEASE READ ALL ENCLOSED MATERIALS.

For scholarship consideration, you must submit this completed application form, your Official Current Grade Transcript showing a cumulative grade point average on a 4.0 scale, two reference reports and an additional report from the principal/dean or college counselor at your graduating high school or college.

All scholarship application materials must include:

● Application Form
● One Principal/Counselor Report
● Two References
● Official current grade transcript

Must be received by the Auxiliary, at Tri-State Memorial Hospital no later than June 30.

ALL materials MUST be mailed or delivered in a single package to:
Volunteer Coordinator
Tri-State Memorial Hospital, Inc.
PO Box 189
1254 Highland Ave
Clarkston, WA 99403
509.758.4902

DO NOT WRITE IN THIS SPACE

Number:

Auxilian:

JUNE 30 is the final date for receipt of applications.
Applicant’s Name: __________________________________________________________

Telephone: (_____) __________________________ Email _______________________

Birth date: ____/_____/____  Social Security Number: Last 4-digits _________

**PARENT INFORMATION**  (Do not complete if you are married or over age 21)

<table>
<thead>
<tr>
<th></th>
<th>FATHER</th>
<th>MOTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employer</strong></td>
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</tr>
</tbody>
</table>

**FAMILY INFORMATION**

Total Number of:  Siblings ______ At home ______
Other dependents who live with your parents _____ Please specify ______________________
Your Marital Status __________________________ Number of children ____________

**SPOUSE’S INFORMATION**  (complete if applicable)

Spouse’s Name __________________________ Occupation __________________________

Employer ______________________________________

**EMPLOYMENT HISTORY**  (please list your most recent jobs)

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Employer</th>
<th>Hours Worked per Week</th>
<th>Length of Employment</th>
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<tbody>
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</table>

Are you currently employed? _______  Do you plan to work next fall? _______
Do you contribute to household expenses? _______  If yes, what percentage? _______

**ACHIEVEMENTS/ACTIVITIES**

Achievements/Honors/Recognition (High School/College)

Extracurricular activities

________________________________________________________________________

________________________________________________________________________
COLLEGE INFORMATION

College you plan to attend next fall:

______________________________ __________________________

School City State

Enrollment Date Field of Study Degree Sought

Program enrolled in: 2-year ___ 4-year ___ Other (specify) ______________________

Anticipated College Graduation Date ____________________________

INCOME INFORMATION Please estimate your parents’ (father and mother, if both work and you are under 21 yrs old) and your total gross income for the last calendar year. If married, please include your spouse’s income.

<table>
<thead>
<tr>
<th>PARENTS’S ESTIMATED INCOME</th>
<th>SELF/SPOUSE INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Under $5,000 ___ $20,001-$30,000</td>
<td>___ Under $5,000 ___ $20,001-$30,000</td>
</tr>
<tr>
<td>___ $5,000-$10,000 ___ $30,001-$40,000</td>
<td>___ $5,000-$10,000 ___ $30,001-$40,000</td>
</tr>
<tr>
<td>___ $10,001-$20,000 ___ $40,001-$50,000</td>
<td>___ $10,001-$20,000 ___ $40,001-$50,000</td>
</tr>
<tr>
<td>___ Over $50,000 ___</td>
<td>___ Over $50,000 ___</td>
</tr>
</tbody>
</table>

To the best of your knowledge, please indicate by source and by percentage the actual funds you have available for college expenses:

Self/Spouse _______ Parents _______ Other Scholarship _______

Other _______ Please specify other source ______________________

NOTE: A 100% total would indicate that all college expenses are covered. Your total may be less than that amount.

OTHER SCHOLARSHIPS FOR WHICH YOU HAVE APPLIED ____________________________

______________________________

______________________________

TRI-STATE MEMORIAL HOSPITAL EMPLOYMENT If any of your immediate family presently works or has worked for TSMH, please provide the information below.

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Current or Former Employee?</th>
<th>Position Held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandparents</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Please answer the following questions as completely as possible. If more room is needed to answer any of the questions, attach extra sheets of paper, labeled with your name and the question number.

1. Why did you choose nursing as a career?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

2. Briefly describe why you feel you should be a scholarship recipient?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

3. What are your career plans? How does Tri-State Memorial Hospital fit into your plans?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

4. What are your other goals?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

List the two people you asked to complete Confidential References (non-relatives):

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City/State/Zip</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

My counselor is: Name ____________________________
Address _______________________________________
City/State/Zip ________________________________

To the best of my knowledge, the foregoing statements are accurate.

(Signature) ____________________________ (Date) ____________________________

Please send or deliver this form and all other application material to:

Volunteer Coordinator
Tri-State Memorial Hospital, Inc.
PO Box 189
1254 Highland Ave
Clarkston, WA 99403
509.758.4902
TRI-STATE MEMORIAL HOSPITAL AUXILIARY
NURSING SCHOLARSHIP PROGRAM

CONFIDENTIAL REFERENCE REPORT ~ Advisor or Counselor

The applicant listed below is applying for a college scholarship from our Auxiliary. Your assistance in determining the worthiness of this applicant will be appreciated by our Scholarship committee and will be kept confidential. Your cooperation is requested in returning this form to the applicant as soon as possible. In order for this applicant to be considered for a scholarship, this report must be included in the application, which must be received by the Auxiliary no later than June 30.

Applicant to complete this information:

NAME OF APPLICANT: _______________________________________________________

(Street) _____________________________ (City) _____________________________ (State) ___________ (Zip)

Telephone: (________) ____________________________ Year of High School Graduation: __________

High School Attended/Attending:

__________________________________________________________________________________________

The following information is to be completed by the principal/counselor at the applicant’s current or recently attended school and returned directly to the applicant in the sealed confidential envelope.

Applicant’s current cumulative GPA: ____________ (on a 4.0 scale)

What honors have been received by this applicant?

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Please write below your opinion and observations concerning this applicant’s strongest assets and greatest weaknesses or difficulties in being a successful college student. Also include your evaluation of the applicant’s compatibility with instructors and peers.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
What is your estimate of the applicant's ability and motivation in accomplishing college work?
□ Superior □ Above average
□ Average □ May have some difficulty and should have special guidance and attention

Any additional comments:
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Signed:_________________________ Date: __________________________

Name: __________________________ Title: _________________________
(Please Print)

School (Full Name): ___________________________________________

School Address:
(Street) __________________________ (City) ______ (State) ______ (Zip) ______

Telephone: ____________________________

PLEASE ENCLOSE THIS IN AN ENVELOPE MARKED "CONFIDENTIAL," SEAL IT AND RETURN IT TO THE APPLICANT.

Return to:

Volunteer Coordinator
Tri-State Memorial Hospital, Inc.
PO Box 189
1254 Highland Ave
Clarkston, WA  99403
509.758.4902
TRI-STATE MEMORIAL HOSPITAL AUXILIARY
NURSING SCHOLARSHIP PROGRAM

CONFIDENTIAL REFERENCE REPORT ~ Personal (non-relative)

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Applicant to complete this information:

NAME OF APPLICANT: ______________________________________________________

(Last) (First) (Middle)

Permanent Address: ______________________________________________________

(Street) (City) (State) (Zip)

Telephone: ___________________ Year of High School Graduation: ____________

High School Attended/Attending:

________________________________________________________

(Full Name) (City) (State)

The following information is to be completed by the personal reference and returned directly to the applicant in the sealed confidential envelope.

What is your association with the applicant? ________________________________

(Teacher, Employer, Neighbor, etc.)

How long have you known the applicant? ________________________________

In your opinion, is the applicant fully qualified as to character, personality, leadership qualities and scholastic achievement to merit consideration of an award of this kind? Yes □ No □

Please explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What is your estimate of the applicant’s ability and motivation in accomplishing college work?

□ Superior □ Average

□ Above average □ May have some difficulty and should have special guidance and attention
In your opinion, does the applicant need financial aid to attend college?  Yes □  No □

Please explain:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Any additional comments:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Signed:________________________________________________  Date:_________________________

Name:________________________________________________
(Please Print)

Address:______________________________________________________
(Street)  (City)  (State)  (Zip)

Telephone:________________________________________

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(Last) (First) (Middle)

Permanent Address: ____________________________________________

(Street) (City) (State) (Zip)

Telephone: _________________________ Year of High School Graduation: __________

High School Attended/Attending:

_________________________ (Full Name) ______________________ (City) (State)

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Please explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Any additional comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signed:______________________________  Date:______________________________

Name:____________________________________  (Please Print)

Address:_________________________________________
       (Street)  (City)  (State)  (Zip)

Telephone:_________________________________________

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