# TRI-STATE MEMORIAL HOSPITAL AUXILIARY

## NURSING SCHOLARSHIP PROGRAM

## 2018/2019

**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 Health Science Program in the Fall 2018 term. ***-OR-*** Applicant must be a full-time Health Science student entering the second year of the Health Science 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. <u>If a position is available, and the applicant is hired for the position, they must commit to work at least one year after licensing.</u> 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.

***<u>All scholarship application materials must include:</u>***

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

*Return completed application to the Community Relations Office, Tri-State Memorial Hospital, by **<u>June 30, 2018</u>**. After June 30, the applications will be reviewed by the Auxiliary Scholarship Committee. Award recipients will be notified no later than August 1, 2018.*

**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 _____
(Last) (First) (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 (non-relative)*
- *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

**JUNE 30 is the final date for receipt of applications.**

**DO NOT WRITE IN THIS SPACE**

**Number:**

**Auxilian:**

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)

| | FATHER | MOTHER |
|---|---|---|
| **Name** | | |
| **Address** | | |
| **Occupation** | | |
| **Employer** | | |

**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)

| Job Title | Employer | Hours Worked per Week | Length of Employment |
|---|---|---|---|
| | | | |
| | | | |

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 21yrs old) and your total gross income for the last calendar year. If married, please include your spouse's income.*

| PARENTS'S ESTIMATED INCOME | SELF/SPOUSE INCOME |
|---|---|
| __ Under $5,000 __$20,001-$30,000<br>__ $5,000-$10,000 __ $30,001-$40,000<br>__ $10,001-$20,000 __ $40,001-$50,000<br>__ Over $50,000 | __ Under $5,000 __ $20,001-$30,000<br>__ $5,000-$10,000 __ $30,001-$40,000<br>__ $10,001-$20,000 __ $40,001-$50,000<br>__ Over $50,000 |

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.

| | Name | Current or Former Employee? | Position Held |
|---|---|---|---|
| **Father** | | | |
| **Mother** | | | |
| **Sibling(s)** | | | |
| **Grandparents** | | | |

***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*):

| | | |
|---|---|---|
| **Name** | | |
| **Address** | | |
| **City/State/Zip** | | |

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:_____
(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 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:

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# TRI-STATE MEMORIAL HOSPITAL AUXILIARY
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## CONFIDENTIAL REFERENCE REPORT ~ **Personal (non-relative)**

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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)

**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 ☐ Above average

☐ 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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Please explain:

_____

_____

_____

_____

Any additional comments:

_____

_____

_____

_____

Signed:_____ Date:_____

Name:_____
(Please Print)

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

Telephone:_____

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