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 2019 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. 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, 2019. After June 30, the applications will be reviewed by the Auxiliary Scholarship Committee. Award recipients will be notified no later than August 1, 2019.

For additional information, call (509) 758-5511, ext. 4304 or email jmckee@tsmh.org
Mailing Address: PO Box 189 • Clarkston, WA 99403 • tristatehospital.org
Office Location: 1100 Highland Ave • Clarkston, WA
TRI-STATE MEMORIAL HOSPITAL AUXILIARY NURSING
& HEALTH SERVICES 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
1100 Highland Ave
Clarkston, WA 99403
509.758.5511 ext. 4304

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>FATHER</th>
<th>MOTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
</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>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</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</td>
<td>Under $5,000</td>
</tr>
<tr>
<td>$5,000-$10,000</td>
<td>$5,000-$10,000</td>
</tr>
<tr>
<td>$10,001-$20,000</td>
<td>$10,001-$20,000</td>
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<tr>
<td>__ Over $20,000</td>
<td>__ Over $20,000</td>
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<tr>
<td>$20,001-$30,000</td>
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<td>$30,001-$40,000</td>
<td>$30,001-$40,000</td>
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<tr>
<td>$40,001-$50,000</td>
<td>$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>Name</th>
<th>Current or Former Employee?</th>
<th>Position Held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandparents</td>
<td></td>
<td></td>
</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></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip</td>
<td></td>
</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
1100 Highland Ave
Clarkston, WA  99403
509.758.5511 ext. 4304
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: __________________________

Permanent Address: __________________________

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
1100 Highland Ave
Clarkston, WA  99403
509.758.5511 ext. 4904
TRI-STATE MEMORIAL HOSPITAL AUXILIARY
NURSING & HEALTH SERVICES SCHOLARSHIP PROGRAM

CONFIDENTIAL REFERENCE REPORT ~ Personal (non-relative)

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.

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<tr>
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</tr>
<tr>
<td><strong>Permanent Address:</strong> ____________________________ (Street) (City) (State) (Zip)</td>
</tr>
<tr>
<td><strong>Telephone:</strong> (_____) __________________ Year of High School Graduation: ________</td>
</tr>
<tr>
<td><strong>High School Attended/Attending:</strong> ____________________________ (Full Name) (City) (State)</td>
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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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<td>(State)</td>
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<td>( )</td>
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<td></td>
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☐ Average      ☐ May have some difficulty and should have special guidance and attention
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Please explain:
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Any additional comments:
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Signed:________________________________________________ Date:_________________________

Name:_________________________________________________ (Please Print)

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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