



# AUXILIARY NURSING & HEALTH TriState Health SERVICES SCHOLARSHIP PROGRAM 2023/2024

## Scholarship Information

The Clay Taylor Embry and Mary Almira Smith Embry Memorial Scholarship Fund is a continuing, fully-funded nursing scholarship to be administered by the TriState Health 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 2023 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 TriState Health 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 Human Resources Office at TriState Health by June 30, 2023. After June 30, the applications will be reviewed by the Auxiliary Scholarship Committee. Award recipients will be notified no later than August 1, 2023.

Campus Maps are located at [TSH.org/CampusMaps](https://TSH.org/CampusMaps).



# AUXILIARY NURSING & HEALTH TriState Health SERVICES SCHOLARSHIP PROGRAM 2023/2024

## Scholarship Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Graduating High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 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 TriState Health no later than June 30.**

ALL materials MUST be mailed or delivered in a single package to:

TriState Health  
 ATTN: Human Resources, Volunteer Coordinator  
 PO Box 189  
 Clarkston, WA 99403  
 509.758.5511 ext. 4304

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

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### FOR OFFICE USE ONLY

Number \_\_\_\_\_ Auxilian \_\_\_\_\_



# AUXILIARY NURSING & HEALTH TriState Health SERVICES SCHOLARSHIP PROGRAM 2023/2024

## Scholarship Application Continued

Applicant's Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number (Last 4-digits) \_\_\_\_\_

### PARENT INFORMATION - DO NOT COMPLETE IF YOU ARE MARRIED OR OVER AGE 21

	Father	Mother
<b>Name</b>		
<b>Address</b>		
<b>Occupation</b>		
<b>Employer</b>		

### FAMILY INFORMATION

Total Number of Siblings \_\_\_\_\_ Siblings Living at Home \_\_\_\_\_

Other Dependents Who Live With Your Parents \_\_\_\_\_ Please specify \_\_\_\_\_

Your Marital Status \_\_\_\_\_ Number of Children \_\_\_\_\_

### SPOUSE INFORMATION

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

### EMPLOYMENT HISTORY

Job Title	Employer	Hours Worked Per Week	Length of Employment

Are you currently employed?  Yes  No Do you plan to work next fall?  Yes  No

Do you contribute to household expenses?  Yes  No If yes, what percentage? \_\_\_\_\_

### ACHIEVEMENTS & ACTIVITIES

Please list achievements, Honors, and Recognitions (High School/College) \_\_\_\_\_

Please list extracurricular activities \_\_\_\_\_



# AUXILIARY NURSING & HEALTH TriState Health SERVICES SCHOLARSHIP PROGRAM 2023/2024

## Scholarship Application Continued

### COLLEGE INFORMATION

What is the college you plan to attend next fall? \_\_\_\_\_

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 years of age) and your total gross income for the last calendar year. If married, please include your spouse's income.

**Parents' Estimated Income**  <\$5,000  \$20,001-\$30,000  \$5,000-\$10,000  \$30,001-\$40,000  
 \$10,001-\$20,000  \$40,001-\$50,000  \$50,000+

**Self/Spouse Income**  <\$5,000  \$20,001-\$30,000  \$5,000-\$10,000  \$30,001-\$40,000  
 \$10,001-\$20,000  \$40,001-\$50,000  \$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** \_\_\_\_\_

### TRISTATE HEALTH EMPLOYMENT

If any of your immediate family presently works or has worked for TriState Health, please provide the information below.

	Name	Current or Former Employee	Position Held
<b>Father</b>			
<b>Mother</b>			
<b>Sibling(s)</b>			
<b>Grandparent(s)</b>			



# AUXILIARY NURSING & HEALTH TriState Health SERVICES SCHOLARSHIP PROGRAM 2023/2024

## Scholarship Application Continued

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? \_\_\_\_\_

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

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3. What are your career plans? How does TriState Health fit into your plans? \_\_\_\_\_

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4. What are your other goals? \_\_\_\_\_

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**Please list the two people you asked to complete Confidential References (non-relatives).**

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**Please list the counselor you asked to complete the Confidential References (advisor or counselor).**

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**AUXILIARY NURSING & HEALTH SERVICES  
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 no later than June 30.**

**Applicant to complete this information.**

Applicant's Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number (Last 4-digits) \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

School Full Name \_\_\_\_\_ School Phone # \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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

Applicant return to: TriState Health  
ATTN: Human Resources, Volunteer Coordinator  
PO Box 189  
Clarkston, WA 99403  
509.758.5511 ext. 4304



**AUXILIARY NURSING & HEALTH SERVICES  
SCHOLARSHIP PROGRAM  
CONFIDENTIAL REFERENCE REPORT -  
PERSONAL (NON-RELATIVE)**

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Date of Birth \_\_\_\_\_ Social Security Number (Last 4-digits) \_\_\_\_\_

Year of High School Graduation \_\_\_\_\_ High School Attended/Attending \_\_\_\_\_

**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 \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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Please explain \_\_\_\_\_

\_\_\_\_\_

Any additional comments \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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