

Applicant's Name: _____ Telephone (_____) _____

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: |
| _____ |
| Enrollment Date _____ <small>School</small> _____ <small>City</small> _____ <small>State</small> _____ Field of Study _____ Degree Sought _____ |
| Program enrolled in: 2-year ___ 4-year ___ Other (specify) _____ |
| Anticipated College Graduation Date _____ |

My school counselor is: Name _____
Address _____
City/State/Zip _____

Applicant's Name: _____ Telephone (_____) _____

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 a Nursing or CNA career?

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

3. What are your career plans? How does TriState Health 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 | | |

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:

TriState Health Human Resources,
PO Box 189
Clarkston, WA 99403

TRISTATE HEALTH HEALTHCARE SCHOLARSHIP PROGRAM

CONFIDENTIAL REFERENCE REPORT ~ Advisor or Counselor

The applicant listed below is applying for a college scholarship from TriState Health. 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 TriState Health Human Resources.***

| | | | |
|---|---------|---------------------------------------|-------|
| 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.

**TRISTATE HEALTH
HEALTHCARE SCHOLARSHIP PROGRAM**

CONFIDENTIAL REFERENCE REPORT ~ **Personal (non-relative)**

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| 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: _____

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

Return to:

TriState Health Human Resources,
PO Box 189
Clarkston, WA 99403

**TRISTATE HEALTH
HEALTHCARE SCHOLARSHIP PROGRAM**

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