

Instructions:

1. Please print clearly and complete all fields of this form.
2. Obtain the required references and transcript.
3. Submit application and all supplemental materials together

All scholarship application materials must include:

- Application Form
- One Principal/Counselor Report (form attached)
- Two References (non-relative) (forms attached)
- Official current grade transcript

Mail all application materials to:

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

Applicant Personal Information:

Name

_____ (Last) (First) (Middle)

Address

_____ (Street Address and/or Post Office Box)
_____ (City) (State) (Zip Code)

Telephone

(____) _____

Birth Date

____/____/____

Email

Graduating
High School

_____ (City) (State) (Zip Code)

Year of
Graduation

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 _____ School _____ City _____ State _____ 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 Tri-State 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,
Volunteer Coordinator
PO Box 189
Clarkston, WA 99403

**TRISTATE HEALTH
NURSING/CNA 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 Department.**

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 Name): _____ (Full

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:

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

**TRISTATE HEALTH
NURSING/CNA SCHOLARSHIP PROGRAM**

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

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 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 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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Return to:

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PO Box 189
Clarkston, WA 99403

**TRISTATE MEMORIAL HEALTH
NURSING/CNA SCHOLARSHIP PROGRAM**

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

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.**

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.

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(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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