



SCHOLARSHIP CRITERIA 2019

Scholarship funds are made possible by generous donations from caring people in our community. It is our privilege to help applicants further their education. We urge candidates to read the criteria for each award and apply for multiple scholarships whenever applicable. **Preference will be given to applicants who do not have a Bachelor's or advanced degree. Awards are announced in May and scholarship funds will be available for up to one year from the award date. NO REIMBURSEMENTS FOR EXPENSES INCURRED PRIOR TO THE AWARD DATE.**

Scholarship	Criteria	Award
Confluence Health Employee Scholarship	<ul style="list-style-type: none"> • Currently employed at CWH, CH, or WVH for at least one year • Plan to continue employment at CWH, CH, or WVH • Expected degree to enhance current position or advance career • GPA of 2.0 or higher 	Multiple awards for tuition, books, and fees (acceptance, registration, lab, and technology fees only) *Unused funds forfeited upon termination
Wenatchee Valley Street Rods Scholarship	<ul style="list-style-type: none"> • Currently employed at CWH, CH, or WVH for at least one year • Plan to continue employment at CWH, CH, or WVH • Recent community service • Expected degree to enhance current position or advance career • GPA of 2.0 or higher • Priority given to family of WVSR members & family members 	Three annual awards of \$1,000 for tuition, books, and fees (acceptance, registration, lab, and technology fees only) *Unused funds forfeited upon termination
Career Assistance Scholarship	<ul style="list-style-type: none"> • Currently employed at CWH, CH, or WVH for at least one year • Plan to continue employment at CWH, CH, or WVH • GPA of 2.5 or higher • Working toward a degree applicable to a position at CWH, CH or WVH • Post-undergrad or post-grad certificate related to current job may be considered • Not applicable for nursing majors (ADN, BSN, MSN) 	One award of \$2,000 for tuition, books, and fees (acceptance, registration, lab, and technology fees only) *Unused funds forfeited upon termination
Margaret Weed RN to BSN Scholarship	<ul style="list-style-type: none"> • Acceptance in Wenatchee Valley College BSN program • Chelan, Douglas, Grant, or Okanogan County resident • Open to anyone 	One award of \$1,500 for tuition, books, and fees (acceptance, registration, lab, and technology fees only)
Dianne Kasnic Prinz RN to BSN Completion	<ul style="list-style-type: none"> • Employed as an RN in Chelan, Douglas, Grant, or Okanogan County • Enrolled in a BSN program • Intend to remain employed in NCW • Open to anyone 	One award of \$2,500 for RN to BSN completion for tuition, books, and fees (acceptance, registration, lab, and technology fees only)
Jean Wood Nursing Award	<ul style="list-style-type: none"> • GPA of 3.0 or higher • Second year student in WVC nursing program • Chelan/Douglas County resident • Open to anyone 	One award (up to \$5,768) at Wenatchee Valley College for tuition, books, and fees (acceptance, registration, lab, and technology fees only)
Oncology Grateful Patient Scholarship (2019)	<ul style="list-style-type: none"> • Child of a CH Oncology Dept. – CWH Med/Onc, WVH Med/On or WVH Chemo/Infusion employees • Enrolled in a medical field major • Attending classes on campus (no “online only”) 	Multiple awards possible, with varying amounts.

Please carefully read the following application questions. Incomplete applications WILL NOT BE CONSIDERED. It is the responsibility of the applicant to ensure that all requirements are complete and delivered to the Foundation by 4:00 p.m. on April 1, 2019. It is strongly encouraged that applicants give references ample time to complete reference form and submit it to the Foundation. If you have questions, contact the Confluence Health Foundation at 509-665-6030.



EDUCATIONAL SCHOLARSHIP APPLICATION

Email to foundation@confluencehealth.org or mail hard copy to arrive by **April 1, 2019 at 4:00 p.m.** to:
 Confluence Health Foundation, 518 N Chelan Ave, Wenatchee, WA 98801-2024

BE SURE REVIEW THE CRITERIA ON THE FIRST PAGE OF THIS PACKET BEFORE MARKING THE SCHOLARSHIP(S) YOU WOULD LIKE TO APPLY FOR

- CH Employee Scholarship
- Margaret Weed RN to BSN Scholarship
- Wenatchee Valley Street Rods Scholarship
- Dianne Kasnic Prinz, RN to BSN Completion
- Career Assistance Scholarship
- Jean Wood Nursing Award
- Oncology Grateful Patient Scholarship

Please print or type

Applicant Name:		Phone Number:	
Address:		City:	ZIP:
Email:		Confluence Health employee? <input type="checkbox"/> CWH <input type="checkbox"/> WVH <input type="checkbox"/> CH	
Position:		<input type="checkbox"/> full-time <input type="checkbox"/> part-time	Department
Department Supervisor:		Date Of Hire:	
Approximate cost of tuition, books and fees (acceptance, registration, lab and technology fees only) for one full academic school year:			
List grants/scholarships you received in the last 12 months and/or expect to receive in the upcoming school year: <input type="checkbox"/> Grants (including PELL, PSEOG, state or local) _____ \$ _____ Scholarships (please list) _____ \$ _____ <input type="checkbox"/> Tuition reimbursement \$ _____			
List the educational institution where you have been <input type="checkbox"/> accepted/or <input type="checkbox"/> applied:			Course of Study:
<input type="checkbox"/> full-time <input type="checkbox"/> part-time			
ON A SEPARATE SHEET OF PAPER , Please answer the following questions in an essay format:			
1. How will giving you this scholarship benefit the community? 2. Please describe BOTH your educational and long term career goals. 3. Describe volunteer or community service, including the activity, and hours served in the past 5 yrs.* 4. Please describe how receiving a scholarship would impact your ability to pursue educational and career goals.			
List most recent education institution:			
Name of School:	Degree:	Dates Attended:	GPA:
Include a copy of most recent transcript (does not need to be an official copy)			
Include two CONFIDENTIAL professional letters of reference. One MUST be from your workplace supervisor or if unemployed, an academic reference. You may use the Reference Form template at the end of this packet in place of a letter(s). References should be mailed directly to the Foundation office, or emailed to foundation@confluencehealth.org, by the person completing it. It is your responsibility to make sure both references are received by the due date.			
Applicant Signature _____		Date _____	

* A list of what constitutes as volunteering or community services is included on the next page under important information.



Oncology Grateful Patient Scholarship

**This form must be returned with the scholarship application to the
Confluence Health Foundation office located at
518 N. Chelan Ave., Wenatchee, WA 98801 OR
E-mailed to confluencehealthfoundation.org by 4:00 p.m. on April 1, 2019**

Anonymous grateful patient donors generously established this scholarship opportunity for children of employees of Confluence Health Oncology Departments (CWH Med/Onc, WVH Med/Onc or WVH Chemo/Infusion) majoring in the medical field with direct patient care, attending classes on campus, no “online only” classes. *This criteria was determined by the donor.*

Form to be completed by Employee

Name of Employee:	Relationship to applicant:
Department: <input type="checkbox"/> 6071 CWH Med/Onc <input type="checkbox"/> 3210 WVH Med/Onc <input type="checkbox"/> 3370 WVH Chemo/Infusion	
Position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time DOH:
Name of applicant applying for scholarship:	
Employee Signature	Date
CHECK LIST FOR THIS SCHOLARSHIP	
<input type="checkbox"/> Child of Confluence Health Oncology Dept employee in one of the depts. Listed above	
<input type="checkbox"/> Major in Medical Field	
<input type="checkbox"/> Attending classes on campus, no “online only”	
<input type="checkbox"/> Complete educational scholarship application (page 2)	
This form to be completed only if applying for Oncology Grateful Patient Scholarship	

IMPORTANT INFORMATION

Awardees of a Confluence Health Employee Scholarship, Career Assistance Scholarship, and Wenatchee Valley Street Rod Scholarships must remain employed at Confluence Health to receive award. The employee of an Oncology Grateful Patient Scholarship awardee must maintain employment at Confluence Health. If termination occurs after award has been granted, any unused funds will be forfeited.

Scholarships may only be used for tuition, books, and/or lab fees incurred during the 12-month award period.

Volunteer or community service will be considered if it is **unpaid, voluntary work** undertaken to:

- Improve the lives of others,
- Strengthen community resources, or
- Positively impact the common good.

Make sure application is complete before submitting. Incomplete applications will not be considered.

It is the responsibility of applicants to ensure both the scholarship application and references are submitted to the Foundation Office by the deadline.

CHECK LIST

- Complete Application (incomplete applications will not be considered)
- Thorough Answers to Essay Questions
- Copy of Most Recent Transcript (unofficial transcripts are acceptable)
- Letter of Recommendation from a Director or Supervisor (if unemployed substitute an academic reference)
- Letter of Recommendation (friends or family members are NOT acceptable references)
- If applying for Oncology Grateful Patient Scholarship, include page 3, to be completed by employee of sponsoring child

Letters of recommendation must come directly from the individual providing the reference or they will not be accepted.



Scholarship REFERENCE FORM

The individual listed below is applying for an Educational Scholarship from Confluence Health Foundation and has requested a reference be **sent directly to the Foundation office at 518 N. Chelan Avenue, Wenatchee, WA 98801 or foundation@confluencehealth.org.**

Applicant's (Student) Name: _____

Reference Name and Title: _____

What is your relationship to the applicant and how long have you known them?

What are the first words that come to mind to describe this applicant and why?

Describe the applicant's attitudes and personal habits:

Please use this space for comments related to this applicant's strengths and weaknesses as related to future academic and personal achievement:

Signature of Reference: _____ Date _____

Deadline: April 1, 2019 by 4:00 pm (needs to be received by this time)

Please mail reference to: _____ **or** **E-mail to:** foundation@confluencehealth.org

**Confluence Health Foundation
518 N Chelan Ave
Wenatchee, WA 98801**



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Please mail reference to: _____ or E-mail to: foundation@confluencehealth.org

**Confluence Health Foundation
518 N Chelan Ave
Wenatchee, WA 98801**