

## STROUP FAMILY SCHOLARSHP

Persons interested in applying for the Clarion Hospital Foundation's Stroup Family Scholarships should complete the application form below and submit the completed form, with the listed criteria, no later than February 29, 2024 to:

Clarion Hospital Foundation One Hospital Drive Clarion, PA 16214 Attention: Bridget Thornton

Name (last)	(first)	(middle initial)	
Street or Box Number			
City	State	ZIP	
Phone Number			
Borough or Township o	of residence		
 High School	Year of graduation		

If you must answer **NO** to any one of the first three questions, **do not** submit this application for consideration.

1. Are you graduate, or will you be a future graduate of a Clarion, Forest, Jefferson, or Venango County high school?

2. Are you accepted to PennWest Clarion for nursing education?

Can you provide documentation to establish your class standing and quality point average (3.0 or equivalent 3. for the past 3 years?

4.	List below the extra-curricular and civic activities in which you have participated. <i>(Include on a separate sheet if necessary)</i>		
	Activity Offices Held or Honors Received		
	a		
	b		
	c		
	d		
5.	Please check below the area of health care education you plan to pursueNursing RN (A.S.N.)Nursing (B.S.N)		
6.	After checking one of the above, please tell in your own words, on a separate sheet of paper, w want to pursue a career in the nursing profession.	vhy you	
7.	Include two (CURRENT) letters of recommendation with this application.		
8.	Please include your class rank, quality point average (QPA-MUST BE 3.0 OR equivalent), and an officient copy of your high school transcripts. If you are currently attending college or a post-second a school, please also submit your QPA and an official copy of transcripts for the school that you a currently attending.		

**Applicant's Signature** Date

Guidance Counselor's Recommendation: \_\_\_\_yes \_\_\_\_no (High School Applicants only)

Date Guidance Counselor Signature (High School Applicants only)