



INTERESTED IN A HEALTH CARE PROFESSION?

The Clarion Hospital Foundation is looking for scholarship applicants. This year we are awarding the \$1000 Dr. John E. Brooks Memorial Scholarship, two \$1000 Joseph and Helen Miller Memorial Scholarships, two \$1,000 Fran Shope Memorial Scholarships, one \$1,000 James B. Alexander Memorial Scholarship, and one Dr. John L. Johnston Memorial Scholarship. Mrs. Mary Brooks, wife of the late Dr. John E. Brooks, and other family members created the Brooks scholarship in the late doctor's memory. The Brooks family wishes to help local students that want to further their education in the health care field. The Miller Scholarship was established by the Foundation in honor of the Miller family. The Fran Shope Memorial Scholarship was generated to aid local students with education in the medical field. The James B. Alexander Memorial Scholarship will be awarded to the student who submits the best essay. The Dr. John L. Johnston Scholarship will be awarded to a student enrolled in or accepted to a medical school. The \$1,000 scholarships will be paid directly to the school of the student's choice.

To be eligible, students must meet the following criteria:

- ❖ *Be a graduate or future graduate of a Clarion County high school;*
- ❖ *Be accepted to a school of post-secondary health care education;*
- ❖ *Have a grade point average of 3.0 or equivalent in the final three years of high school; and*
- ❖ *Plan to pursue their education in nursing, inhalation therapy, lab technology, radiology, physical therapy, occupational therapy, medical technology, or other medical field.*

Applications must be postmarked or delivered by

FEBRUARY 28, 2018

Clarion Hospital Foundation 814-226-1262

Online at www.clarionhospital.org



Clarion Hospital Foundation

JOHN E. BROOKS SCHOLARSHIP

FRAN SHOPE MEMORIAL SCHOLARSHIP

JOSEPH & HELEN MILLER SCHOLARSHIP

JAMES B. ALEXANDER MEMORIAL SCHOLARSHIP

JOHN I. JOHNSTON MEMORIAL SCHOLARSHIP

(It is only necessary to complete one application for all scholarships)

Persons interested in applying for the Clarion Hospital Foundation's Scholarships listed above are to complete the application form below and submit the completed form, **with the listed criteria**, no later than **February 28, 2018** to:

Clarion Hospital Foundation Att: Patti Bell
One Hospital Drive
Clarion, PA 16214

Name (last) (first) (middle initial)

Street or Box Number

City **State** **ZIP**

Phone Number

Borough or Township 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 County high school?

2. Are you accepted to a school of post-secondary health care education?

3. Can you provide documentation to establish your class standing, quality point average (**3.0** or equivalent for the past 3 years), and SAT or ACT scores for your senior year?

4. List below the extra-curricular and civic activities in which you have participated.
(include on a separate sheet if necessary)

Activity

Offices Held or Honors Received

- a. _____
b. _____
c. _____
d. _____

5. Please check below the area of health care education you plan to pursue.

___ Nursing RN (B.S.) /LPN

___ Physician/PA

___ Medical Technology Degree

___ Radiology

___ Lab Tech

___ Nuclear Medicine

Histologist/Citotogolist

___ Inhalation Therapy

___ Pharmacy

___ **Other health-related field** approved by the Foundation Committee (specify)

6. What school(s) have you been accepted for post-secondary health care education?

7. Name of Medical School attending or accepted to? (*John Johnston Scholarship Only*)

8. **After checking one of the above, please tell in your own words, on a separate sheet of paper, why you want to pursue a career in that health care profession. *The James B. Alexander Scholarship will be awarded for the best essay.***

9. Include **two (CURRENT)** letters of recommendation with this application.

10. Please include **your class rank, quality point average (QPA-MUST BE 3.0 OR equivalent), SAT or ACT scores, and an official copy of your high school transcripts. If you are currently attending college or a post-secondary school, please also submit your QPA and an official copy of transcripts for the school that you are currently attending.**

Date

Applicant's Signature

Guidance Counselor's Recommendation: ___ yes ___ no (High School Applicants only)

Date

Guidance Counselor Signature (High School Applicants only)