

The Walter C. Shaw Memorial Scholarship for Latrobe Hospital Registered Nurses

A program of Latrobe Area Hospital Charitable Foundation

Biographical Information:

Mrs. Elizabeth Shaw Gamble, a resident of the Ligonier Valley, endowed a scholarship in 2009 with Latrobe Area Hospital Charitable Foundation because of her strong interest in wanting to further the nursing profession at Latrobe Hospital. In fact, Mrs. Gamble's philanthropic pursuits are a reflection of her father's philanthropic activities that he valued during his lifetime.

Walter Carlyle Shaw, Mrs. Gamble's father, was one of the founders of the G. C. Murphy Company and played a major role in the business and civic life of McKeesport for decades. Under his leadership, G.C. Murphy grew into one of the nation's major retail chains with 480 stores located in 22 states and the District of Columbia. Mr. Shaw was a generous benefactor to McKeesport Hospital and many community-based organizations. Mr. Shaw passed away in January of 1962.

Elizabeth Shaw Gamble relocated to the Ligonier area in 1971 and wished to continue her father's legacy of philanthropy in and around her local community.

Purpose of the Scholarship:

A scholarship from The Walter C. Shaw Memorial Scholarship for Latrobe Hospital Registered Nurses will be awarded annually to provide financial assistance for nurses employed by Latrobe Hospital who are enrolled in an accredited school of nursing for an advanced clinical degree.

Amount of Award:

The amount of the scholarship award will vary, depending upon the market value of the endowment fund. To the extent there is a qualifying applicant, a scholarship will be awarded annually. To the extent there is more than one qualifying applicant the selection committee may elect to split the scholarship amount between or among such applicants. All scholarships are made payable to the teaching institution.

Eligibility Requirements

- Applicant must be an employee in good standing (i.e. past the probationary stage and with no disciplinary action pending).
- Employee must have successfully completed at least 50% of his/her program in an accredited school of nursing for an advanced clinical degree. Examples might include: RN to BSN; MSN to DNP; CRNP.
- Employee must meet a minimum academic standard of 3.25 GPA at the time of application.
- Employee must demonstrate financial need.
- Preference is given to hospital-based nurses, but other settings such as home health, private duty, hospice, or physician practices should not be excluded. Preference is given to full time employees, but part time employees should not be excluded.

Application and Selection Process

The employee will complete the application form for the Walter C. Shaw Memorial Scholarship for Latrobe Area Hospital Nurses. The following items must be attached to the application form:

- Proof of enrollment
- Official transcript (sealed)
- Two letters of recommendation from professors
- Completed essay
- Current tuition bill as proof of financial need

In addition to a completed application, finalists will interview with members of the selection committee.

All selections shall be made on an objective and nondiscriminatory basis as required by federal law applicable to tax-exempt entities. No member of the selection committee or any individual related to a member of the selection committee may benefit from the scholarship.

Should the recipient fail to complete his/her training, the scholarship must be repaid to Latrobe Area Hospital Charitable Foundation. The terms for repayment will be determined on a case-by-case basis.



**Walter C. Shaw Memorial Scholarship
for Independence Health Latrobe Area Hospital Registered Nurses**

Instructions:

1. Please print clearly. If this form is incomplete or not signed, the application will not be considered.
2. Attach required documentation to the application.
3. Return all completed paperwork to Latrobe Area Hospital Charitable Foundation, One Mellon Way, Latrobe, PA 15650 by June 30, 2025.

Personal Information:

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Home Phone: _____
(will be kept confidential in the Foundation office)

Department: _____ Job Title: _____

Academic Information:

College: _____ Degree: _____

Address: _____ School Phone: _____

Expected Date of Graduation: _____ GPA: _____

Total Number of Credits to Complete Program: _____ Number of Credits Completed: _____

Projects:

List and briefly describe projects and/or activities you have been involved with in your department:

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

Signature of Applicant

Date

Please return this completed application along with the following information:

- | | |
|---------------------------------|--|
| 1. Proof of enrollment | 4. Current tuition bill as proof of financial need |
| 2. Official transcript (sealed) | 5. Two letters of recommendation from professors |
| 3. Completed essay | |

Goal Statement

Please tell us about your professional goals, your desire to pursue your degree and how your degree will assist you with your continued employment at Independence Health System. (Feel free to attach additional sheets, if necessary.)
