

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 28, 2025 to:

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

Name	(last)	(first)	(middle initial)		
Street	t or Box Number				
City		State	ZIP		
Phone	e Number				
Borou	igh or Township o	of residence			
High	School	Year of graduation	1		
If you	must answer NO t	o any one of the first three que	stions, do not submit this app	lication 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?				
3.	Can you provide documentation to establish your class standing and quality point average (3.0 or equivalent for the past 3 years?				

4.	List below the extra-curricular and civic activities in which you have participated.					
	(Include on a separate she Activity	offices Held or Honors Received	ed			
	a					
	b					
	c					
	d					
5.	Please check below	sue.				
	Nursing RN (A	.S.N.)Nursing (B.S.N)				
6.		of the above, please tell in your own words, on areer in the nursing profession.	a separate sheet of paper, why 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 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 Ap	plicant's Signature				
	Guidance Counselor's Recommendation:yesno (High School Applicants only)					
	Date Gui	dance Counselor Signature (High School Applican	ats only)			