



**JOHN E. BROOKS SCHOLARSHIP
FRAN SHOPE MEMORIAL SCHOLARSHIP**

**JOSEPH & HELEN MILLER SCHOLARSHIP
JAMES B. ALEXANDER 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, 2025** 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 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 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 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
Histologist/Cytotechnologist

___ Nuclear Medicine

___ Inhalation Therapy

___ Pharmacy

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

6. What school 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), 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)