

Jennie Cramer, Robert A. Gordon, R. Dale Hughes
NURSING SCHOLARSHIP PROGRAM
Application

Name: _____

Address: _____

City/State/Zip Code: _____

Phone: (_____) _____ Email address: _____

School Name: _____

Address: _____

City/State/Zip Code: _____

School Phone: (_____) _____ Email: _____

Name of Nursing Program/School: _____

Degree to be awarded upon completion: _____

Anticipated program completion date: _____

*Current Academic Standing:

Class Ranking _____ and/or GPA _____

Current Employment Status:

Title: _____

____ Full time ____ Part time

Employer: _____

Prior Employment/Experience in Healthcare (*please list*):

Special Clinical Interest(s):

Awards/Recognitions *(list year and organization)*:

Community Service:

**Please attach a copy of school records validating the information supplied on the application.
(RNs or LPNs pursuing another level of education may provide RN/LPN class rankings.)*

**Please enclose two letters of recommendation.*

**Please include a one-page essay describing what motivated you to pursue a career in Nursing*

**Applications must be received by March 31st of the current year.*

**Send completed application and supporting materials to:*

LVHN- Pocono Foundation

Attn: David Woods

206 East Brown Street

East Stroudsburg, PA 18301

(570) 476-3530

give.lvhn.org/Pocono