



Sean P. Cunningham Memorial Scholarship

Application

In 2020, only applications for a CRNP may apply.

Name: _____

Address: _____

City/State/Zip Code: _____

Phone: (____) _____ Email: _____

School Name: _____

Address: _____

City/State/Zip Code: _____

School Phone: (____) _____ Email: _____

Name of Healthcare Program: _____

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 include with application:

- Copy of school records validating class rank/GPA
- Two (2) letters or recommendation
- Most recent loan statement with balance
- Essay expressing qualities of compassion, determination and leadership
- Statement of interest to work at Lehigh Valley Health Network
- Proof of Monroe County residency

Application Deadline: March 31 of the current year.

Mail completed application with supporting documents to:

LVHN-Pocono Foundation
206 East Brown Street
East Stroudsburg, PA 18301
(570) 476-3530