

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:

Employer: _____

Title: _____

_____ Full time _____ Part time

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 15, 2024.*

****Send completed application and supporting materials to:***

LVHN - Pocono Foundation
206 East Brown Street
East Stroudsburg, PA 18301

Or email to: denise.dubois@lvhn.org

Please call (570) 476-3531 with any questions.