Nursing Scholarship Program

Guidelines
The following scholarships will be awarded to nursing students with outstanding academic performance:

The Jennie Cramer Memorial Scholarship
The Robert A. Gordon Memorial Scholarship
The R. Dale Hughes Scholarship

Requirements
All applicants must be:

• Enrolled in the last two years of an accredited nursing program;
• Ranked in the upper 15 percentile of their classes with a grade point average of 3.2 or above (on a 4.0 scale);
• Reside within LVH-Pocono service area of Monroe, Pike, northern Northampton or northwest Warren Counties (Hughes scholarship is ONLY Monroe County residents)
• Currently work, or express an interest in working for LVH-Pocono as a nurse upon graduation; and
• Submit evidence of current academic standing with the application.

Selection Process
• Applications must be received by March 31st.
• The LVHN-Pocono Foundation Scholarship Committee will announce the winner by May 15th.
• The selected students will receive their award check by mail.
• Scholarship recipients are asked to submit a letter of appreciation to the scholarship sponsors.

To Apply
Interested students complete enclosed application and send to;
LVHN – Pocono Foundation
206 East Brown Street
East Stroudsburg, PA  18301

Or email: JDavid.Woods@lvhn.org

Please call 570-476-3530 with any questions
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 31st.

*Send completed application and supporting materials to:

**LVHN- Pocono Foundation**
206 East Brown Street
East Stroudsburg, PA 18301
Or email to: jdaavid.woods@lvhn.org
Please call 570-476-3530 with any questions