



**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 29, 2020** (no late submissions will be considered) to:

Butler Health System Clarion Hospital Foundation  
Att: Patti Bell  
One Hospital Drive  
Clarion, PA 16214

\_\_\_\_\_  
**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, quality point average (3.0 or equivalent for the past 3 years), and SAT or ACT scores for your senior year?

\_\_\_\_\_

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
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- 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   | ___ Nuclear Medicine |
| ___ Inhalation Therapy   | ___ Pharmacy         |
| ___ <b>Other health-related field</b> 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? (If Applicable)

\_\_\_\_\_

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), SAT or ACT scores, 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
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Guidance Counselor's Recommendation: \_\_\_ yes \_\_\_ no (High School Applicants only)

Date	Guidance Counselor Signature (High School Applicants only)
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