



**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, 2024** to:

Clarion Hospital Foundation  
One Hospital Drive  
Clarion, PA 16214  
Attention: Bridget Thornton

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**Name** (last) (first) (middle initial)

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**Street or Box Number**

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**City** **State** **ZIP**

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**Phone Number**

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**Borough or Township of Residence**

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**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?

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2. Are you accepted to a school of post-secondary health care education?

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3. Can you provide documentation to establish your class standing and quality point average (**3.0** or equivalent for the past 3 years) 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

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  
Histologist/Cytotechnologist

\_\_\_ Nuclear Medicine

\_\_\_ Inhalation Therapy

\_\_\_ Pharmacy

\_\_\_ **Other health-related field** 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? *(John Johnston Scholarship Only)*

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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), 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**

**Guidance Counselor's Recommendation: \_\_\_\_\_yes \_\_\_\_\_no (High School Applicants only)**

\_\_\_\_\_

**Date**                      **Guidance Counselor Signature (High School Applicants only)**