



## STROUP FAMILY NURSING SCHOLARSHIP

Persons interested in applying for the Clarion Hospital Foundation's Stroup Family Scholarships should complete the application form below and submit the completed form, **with the listed criteria**, no later than **February 28, 2026** 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, Forest, Jefferson, or Venango County high school?

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2. Are you accepted to PennWest Clarion for nursing 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?)

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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 (A.S.N.)

\_\_\_Nursing (B.S.N)

6. **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 the nursing profession.**

7. Include **two (CURRENT)** letters of recommendation with this application.

8. 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)