GUTHRIE

GUTHRIE'S 53RD ANNUAL HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

2027

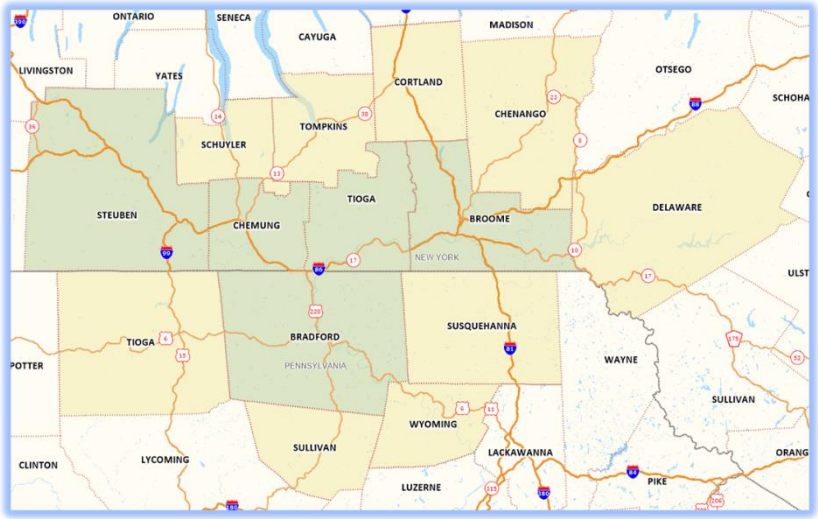
AND GUTHRIE CAREGIVER (EMPLOYEE) SCHOLARSHIP

WHO'S ELIGIBLE:

Health Profession Scholarships: Graduating high school seniors (including home school graduating seniors), located within Guthrie's geographical footprint.

Caregiver (Employee) Scholarships: Graduating high school seniors (including home school graduating seniors).

Caregiver (Employee) must be a .6 FTE or greater and have one or more years of employment with Guthrie.



14 SCHOLARSHIPS TO BE AWARDED
VALUE OF EACH SCHOLARSHIP: $1,000 PER YEAR OR $4,000 OVER FOUR YEARS FOR UNDERGRADUATE STUDIES

Criteria for Health Professions Scholarships (10 awarded): High school seniors across our region who plan to enter, in the summer or fall of 2027, an accredited college, university, nursing or allied health program, with careers in health professions, including healthcare administration or a planned career in medical research.

Criteria for Guthrie Employee Scholarships (4 awarded): These scholarships are offered to high school seniors who are the children of Guthrie caregivers (employees)*, and who plan to enroll in an accredited junior college, college or university in the summer or fall of 2027. *Any career interest is allowed.* These students can apply simultaneously for the Guthrie Health Professions Scholarship if the criteria for that scholarship are met.

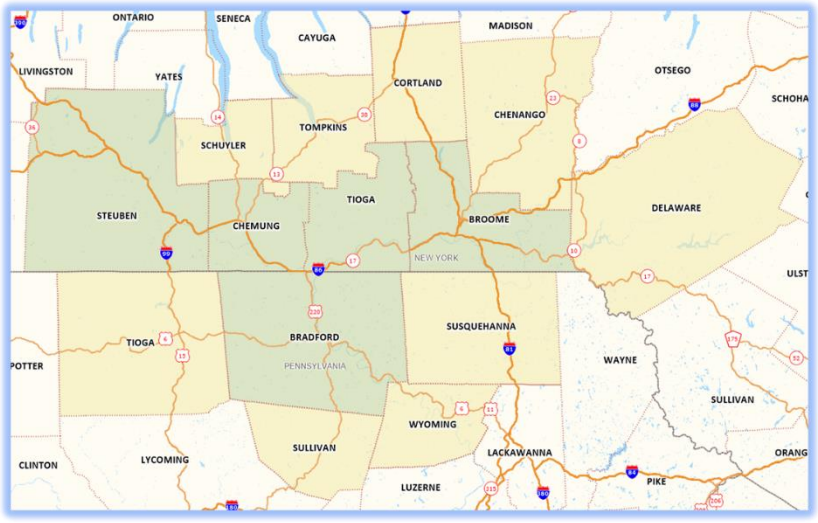
Children of physicians and dentists are not eligible for any of these scholarships.

APPLICATION DEADLINE: FRIDAY, JANUARY 15, 2027

SCHOLARSHIP APPLICATION
GUTHRIE HEALTH PROFESSIONS SCHOLARSHIPS
and
GUTHRIE CAREGIVER (EMPLOYEE) SCHOLARSHIPS

ELIGIBILITY REQUIREMENTS:

Guthrie Health Professions Scholarships (10 Awarded) – High school graduating seniors, including those home schools located within Guthrie's geographical footprint. Students must be a member of the class of 2027 and plan to enroll at an accredited college/university or nursing or allied health program in the summer or fall of 2027. Applicants must plan to enter a health career such as medicine, nursing, dentistry, pharmacy, allied health professions, health care administration, or medical research. The value of each Guthrie Health Professions scholarship is $1,000 per year or $4,000 over four years for undergraduate studies.



Guthrie Caregiver (Employee) Scholarships (4 Awarded)

Children of Guthrie caregivers (employees) only. The applicant must be the son or daughter of a Guthrie caregiver (employee). The student must be a member of the class of 2027 and plan to enroll at an accredited junior college, college or university in the summer or fall of 2027. The applicant may elect any major field of study. These students can apply simultaneously for the Guthrie Health Professions Scholarship if the criteria for that scholarship are met. The value of each Guthrie Employee scholarship is $1,000 per year or $4,000 over four years for undergraduate studies.

***Caregiver (Employee) must be a .6 FTE or greater and have one or more years of employment with Guthrie.**

Please Note: Children of physicians and dentists are not eligible for any of the scholarships.

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SCHOLARSHIP APPLICATION
GUTHRIE HEALTH PROFESSIONS SCHOLARSHIPS
and
GUTHRIE CAREGIVER (EMPLOYEE) SCHOLARSHIPS

INSTRUCTIONS:

1. Please type, or print in ink, all information. Essays must be typed, using a separate sheet of paper if necessary. All applicants are required to complete both essays. Essays must be your own original material. The use of AI is discouraged.

2. Notify your guidance counselor as soon as possible of your intention to submit an application and ask that they complete the recommendation form and write a letter of support.

3. Mail your complete scholarship packet (application, counselor's recommendation form, high school transcript, and counselor's letter of support) to:

   Krista Williams
   3rd Floor, Sumner Building
   Scholarship Committee
   The Guthrie Clinic
   One Guthrie Square
   Sayre, Pennsylvania 18840

4. **Application deadline is Friday, January 15, 2027**. Your complete application (including information from your guidance counselor) should be received by The Guthrie Clinic **no later than** January 15, 2027.

5. A letter acknowledging receipt of your application will be mailed to your home address. If you have not received this acknowledgment by February 28, 2027, please contact Krista Williams at 570-887-4311 or Donna Birks at 570-887-5198.

6. Scholarship winners will be announced in April.

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GUTHRIE SCHOLARSHIP
RECOMMENDATION FORM

(to be completed by Guidance Counselor or Principal)

Complete scholarship packet (application, counselor's recommendation form, high school transcript, and counselor's letter of support) should be received by The Guthrie Clinic no later than **Friday, January 15, 2027.**

Mailing Address: Krista Williams
3rd Floor Sumner Building
Scholarship Committee
The Guthrie Clinic
One Guthrie Square
Sayre, PA 18840

Email: KristaM.Williams@guthrie.org

1. STUDENT'S BIOGRAPHICAL INFORMATION:

Name of Applicant _____

Address _____

High School _____

I have known the above student for _____ (length of time).

Please indicate the student's class rank achieved during his/her complete academic career:

a. Student ranks _____ (1 is highest rank) in a group of _____ students.

b. Number of quarters or semesters on which rank is based. _____

What is the student's grade point average or % average? _____

What are the student's SAT scores? Reading/Writing _____ Math _____

What are the student's ACT scores? Composite _____ English _____ Math _____

Reading _____ Science _____ Writing _____

2. TRANSCRIPT:

Please enclose a copy of the student's high school transcript. (Please include all completed semesters and a list of courses that will be attempted for the remainder of the year.)

3. LETTER OF SUPPORT:

Please describe the student's conduct, character, personal qualities, and suitability for their career choice. Please be thorough and specific. Use additional sheets if necessary.

_____
Signature of Counselor or Principal

_____
Title

_____
Email

_____
Date

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GUTHRIE SCHOLARSHIP APPLICATION

APPLYING FOR: (Please review eligibility requirements on enclosed sheet and check appropriate box)

[ ] HEALTH PROFESSIONS SCHOLARSHIP

[ ] GUTHRIE EMPLOYEE SCHOLARSHIP

[ ] BOTH OF ABOVE

Value of scholarship is $1,000 per year or $4,000 over four years for undergraduate studies

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I. PERSONAL DATA

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____ Date of Birth _____

High School _____

Father's Name _____

Occupation _____ Employer _____

Mother's Name _____

Occupation _____ Employer _____

Number of brothers and sisters _____

Are any of them attending college? _____

If so, indicate where they are attending and approximate cost to family. _____

If someone other than your parents supports you, please indicate.

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

II. SCHOOL

What college or university will you attend? _____

Have you been formally accepted? _____

What major and degree will you pursue? _____

What are your career goals following completion of your education? _____

III. ESSAYS*

#1 - Describe a personal endeavor, hobby, social concern or experience that has changed or stimulated you.
(Maximum of 500 words)

#2 - Discuss a major challenge facing the health care industry today.
(Maximum of 500 words)

*** Please note that all applicants are required to complete both essays.**

IV. ACTIVITIES, HONORS

Please include months per year and hours per week of participation in activities.

High School Activities

Academic Honors

Offices, Clubs, Leadership Positions

Sports

Community Activities/Honors

Church Activities/Honors

V. EMPLOYMENT HISTORY

Outline any work experience(s). Please indicate months per year and hours per week involved in work.

VI. FINANCIAL DATA

ESTIMATED EXPENSES

Tuition and Fees _____

Room and Board _____

Family Income and Resources (check appropriate box)
[ ] Less than $40,000/year [ ] $40,000-$100,000/year [ ] $100,000-$200,000 [ ] Greater than $200,000

Are there any special financial circumstances that the scholarship committee should consider in reviewing your application?

To the best of my knowledge, I have provided full information concerning all questions on this application. I agree to report to the Guthrie Scholarship Committee any changes which affect my financial status such as additional scholarships or loans. I understand that failure to provide true and complete financial information could mean withdrawal of all financial assistance associated with this scholarship.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Father or Guardian Date

_____ _____
Signature of Mother or Guardian Date