SCHOLARSHIP APPLICATION
GUTHRIE HEALTH PROFESSIONS SCHOLARSHIPS
and
GUTHRIE EMPLOYEE SCHOLARSHIPS
Sayre, Pennsylvania

ELIGIBILITY REQUIREMENTS:

Guthrie Health Professions Scholarships (9 Awarded) - All area students included (exclusive of children of Guthrie physicians). Students must be a member of the class of 2015 and plan to enroll at an accredited college/university or hospital-based nursing or allied health program in the summer or fall of 2015. 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 $650 per year or $2,600 over four years for undergraduate studies.

One scholarship will be awarded to each grouping as outlined below:

1. Owego Free Academy, Spencer-VanEtten, Tioga Central, Newark Valley, Candor
2. Towanda, Wyalusing Valley, North Rome Christian School, Northeast Bradford, Tunkhannock
3. Troy, Canton, Sullivan County
4. Wellsboro, Mansfield, Mansfield New Covenant Academy, Liberty, North Penn, Elkland, Cowanesque Valley, Williamson
5. Athens, Sayre, Waverly
6. Corning-Painted Post East, Corning-Painted Post West, Addison, Bath-Haverling, Campbell-Savona, Bradford Central, Hammondsport, Corning Christian Academy
7. Horseheads, Thomas Edison, Watkins Glen, Odessa-Montour, Southside, Elmira Free Academy, Notre Dame, Elmira Christian Academy, Twin Tier Christian Academy
8. Ithaca, Dryden, Newfield, Lansing, Groton, Charles O. Dickerson
9. Maine-Endwell, Union Endicott, Vestal, Johnson City, Binghamton, Seton Catholic

Guthrie Employee Scholarships (4 Awarded) – Children of Guthrie employees only. The applicant must be the son or daughter of a Guthrie employee* (exclusive of the physician staff). The student must be a member of the class of 2015 and plan to enroll at an accredited junior college, college or university in the summer or fall of 2015. 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 $650 per year or $2,600 over four years for undergraduate studies.

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

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:
   Carol Zelko
   Scholarship Committee
   Guthrie Medical Group, P.C.
   One Guthrie Square
   Sayre, Pennsylvania 18840

4. Application deadline is Friday, January 23, 2015. Your complete application (including information from your guidance counselor) should be received by Guthrie Medical Group no later than January 23, 2015.

5. A letter acknowledging receipt of your application will be mailed to your home address. If you have not received this acknowledgment by February 6, 2015, please contact Carol Zelko at 570-887-3004.

6. Scholarship winners will be announced in late February.
**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 Guthrie Medical Group no later than Friday, January 23, 2015.

Mailing Address: Carol Zelko
Scholarship Committee
Guthrie Medical Group, P.C.
One Guthrie Square
Sayre, PA 18840
Email: zelko_carol@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 ___________ Math ___________ Writing ___________

   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
GUTHRIE SCHOLARSHIP APPLICATION

APPLYING FOR: (Please check eligibility requirements on enclose sheet and check appropriate box)
[ ] HEALTH PROFESSIONS SCHOLARSHIP
[ ] GUTHRIE EMPLOYEE SCHOLARSHIP
[ ] BOTH OF ABOVE

Value of scholarship is $650 per year or $2,600 over four years for undergraduate studies

I. PERSONAL DATA

Name ___________________________________________________________

Address ________________________________________________________

City ___________________________ State ___________ Zip ____________

Phone _________________________ 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 your 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 $20,000/year  [ ] $20,000-$50,000/year  [ ] $50,000-$100,000  [ ] Greater than $100,000

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