

*Pocono Health Foundation*  
**Dr. Elmo J. Lilli**  
**Memorial Healthcare Scholarship**

APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone:(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone:(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Current Academic Standing:  
Class Ranking \_\_\_\_\_ (and/or) GPA \_\_\_\_\_

Name of Healthcare Program/School:  
\_\_\_\_\_

Degree to be awarded upon completion:  
\_\_\_\_\_

Anticipated program completion date: \_\_\_\_\_

*Applications must be received by March 31<sup>st</sup> of the current year. Please attach a copy of an acceptance letter to an accredited nursing school, a current transcript of academic performance, and enclose two letters of recommendation. Send or fax completed application and supporting materials to:*

**Pocono Health Foundation**  
206 East Brown Street  
East Stroudsburg, Pa 18301  
(570) 476-3530 phone  
(570) 476-3469 fax