



# Sean P. Cunningham Memorial Scholarship

## Application

*In 2015, only applications for a CRNP entering a family practice or women's health may apply.*

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

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

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

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

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

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

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

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

Name of Healthcare Program: \_\_\_\_\_

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

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

\*Current Academic Standing:

Class Ranking: \_\_\_\_\_ and/or GPA: \_\_\_\_\_

Current Employment Status

Title: \_\_\_\_\_

\_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Employer: \_\_\_\_\_

Prior Employment/Experience in Healthcare: *(please list)*:

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Special Clinical Interest(s):

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Awards/Recognitions *(list year and organization)*:

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Community Service:

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Please include with application:

- Copy of school records validating class rank/GPA
- Two (2) letters or recommendation
- Most recent loan statement with balance
- Essay expressing qualities of compassion, determination and leadership
- Statement of interest to work at Pocono Medical Center
- Proof of Monroe County residency

**Application Deadline: March 31 of the current year.**

Mail completed application with supporting documents to:

Pocono Health Foundation  
206 East Brown Street  
East Stroudsburg, PA 18301  
(570) 476-3530