

Kristin Runyon Memorial Scholarship



PURPOSE:

To support registered nursing education to benefit and enhance the professional skills of nurses serving the Greater Franklin County area.

AWARD:

\$3,000

APPLICATION DEADLINE:

Application must be submitted or postmarked no later than May 26, 2023

<https://www.wellspan.org/about/philanthropy/summit-health-foundation/kristin-runyon-scholarship/>

Mail application to:

Summit Health Foundation
785 5th Avenue, Suite 1
Chambersburg, PA 17201

Or email to:

jsimonson6@wellspan.org

CONTACT:

717-337-4175

ELIGIBILITY

- Applicants must be currently enrolled in a full-time registered nurse educational program.
- Applicants must have a minimum GPA of 2.8.
- Applicants must be a resident of Franklin County, neighboring counties or attend a nursing school within WellSpan Chambersburg Hospital's primary recruitment area (Franklin/Fulton Counties, northern Maryland, or northeastern West Virginia).
- Applicants must have completed a hospital clinical rotation.

PROCESS

- Applicants to submit a cover letter, scholarship application, official transcript, and one academic and one **clinical** letter of reference.
- An invitation for a personal interview will be issued to the most qualified candidates. **Interviews will be held on June 7th and is subject to change.**
- The award committee will notify candidates of their final selection. **Awards and photo will take place on June 27th and is subject to change.**
- Scholarships will be awarded to underwrite tuition expenses only. WellSpan Health will send the tuition reward check directly to the recipient's educational institution billing office to be applied toward the student's account for tuition expense only.

Excellence, compassion, integrity, and service – core values we expect from those we trust to care for us when we are hurt or sick. Kristin Runyon, RN, embodied these qualities, and many more, in her nursing career. Her parents created this scholarship in Kristin's memory to allow other bright and talented students follow in her footsteps in becoming outstanding nurses.

KRISTIN RUNYON MEMORIAL SCHOLARSHIP

APPLICATION



Name of Applicant: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

High School Attended: _____ Graduation Year: _____ College Attending: _____

College Billing Address: _____ City: _____ State: _____ ZIP: _____

Phone Number:(____) _____ Program in which you are enrolled: _____

I did my hospital-based clinical rotation at _____ Rotation Completion Date: _____

Student Account Number: _____ Projected Date of Graduation: _____

Tuition Per Semester: \$ _____ Other financial aid received and amount: _____

Under Title IV of Public Law 90-247, students have a right to inspect letters of recommendation unless they execute a waiver permitting the maintenance of confidentiality.

I, _____ (Applicants Name), being fully informed of my right to inspect letters of recommendation under Title IV Of Public Law 90-247, do hereby waive that right for the purpose of allowing Summit Health Foundation to maintain these recommendations as a confidential communication.

Applicant's Signature

Date

(over)

Applicant Instructions:

Write and attach a descriptive cover letter about yourself. Include the following information: background, academic preparation, current status in your degree program, community and volunteer involvement, extra-curricular college activities, professional goals, and reason why you should be considered for the Kristin Runyon Memorial Scholarship. This letter should not exceed two double-spaced, typewritten pages.

Please include the following with your scholarship application:

1. Applicant's cover letter
2. Application for scholarship
3. One **academic** letter and one **clinical** letter of reference
4. Official college transcript for current RN program with minimum GPA of 2.8

Applications will be reviewed by the Award Committee. All applicants will be notified in writing regarding the decision of the Award Committee. Application deadline is May 26th.

Terms: Check will be sent directly to the recipient's college billing office to be applied for recipient's tuition expenses only.

Submit scholarship applications to: Summit Health Foundation
785 5th Ave Ste 1
Chambersburg, PA 17201
jsimonson6@wellspan.org

FOR OFFICE USE ONLY

Applicant Name: _____

Application Complete Sent to Committee Application Incomplete

Notes: _____

Interview: Yes No Scheduled ___/___/___ Photo Opp Confirmed: Yes No

Scholarship Awarded: Amount \$ _____

Sent to college ___/___/___