



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

**ELIGIBILITY REQUIREMENTS:**

**Guthrie Health Professions Scholarships (10 Awarded)** - All area students included (exclusive of children of Guthrie physicians). Students must be a member of the class of 2025 and plan to enroll at an accredited college/university or hospital-based nursing or allied health program in the summer or fall of 2025. 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.

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

1. Candor, Newark Valley, Owego Free Academy, Spencer-Van Etten, Tioga Central
2. Grace Christian Academy, Northeast Bradford, Towanda, Tunkhannock, Wyalusing Valley
3. Canton, Sullivan County, Troy
4. Cowanesque Valley, Liberty, Mansfield, New Covenant Academy, North Penn, Wellsboro, Williamson
5. Athens, Sayre, Waverly
6. Addison, Bath-Haverling, Bradford Central, Campbell-Savona, Corning Christian Academy, Corning-Painted Post, Hammondsport
7. Elmira, Horseheads, Notre Dame, Odessa-Montour, Thomas Edison, Twin Tier Christian Academy, Watkins Glen
8. Charles O. Dickerson, Dryden, Groton, Homer, Ithaca, Lansing, Moravia, Newfield
9. Binghamton, Johnson City, Maine-Endwell, Seton Catholic, Union Endicott, Vestal
10. Cincinnatus, Cortland, DeRuyter, Fabius-Pompey, Marathon, McGraw, Tully

*Please Note: School groupings may be adjusted (dependent upon participation).*

**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 2025 and plan to enroll at an accredited junior college, college or university in the summer or fall of 2025. 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.

**\*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:

Krista Williams  
Scholarship Committee  
The Guthrie Clinic  
One Guthrie Square  
Sayre, Pennsylvania 18840
4. **Application deadline is Friday, February 7, 2025.** Your complete application (including information from your guidance counselor) should be received by The Guthrie Clinic no later than February 7, 2025.
5. A letter acknowledging receipt of your application will be mailed to your home address. If you have not received this acknowledgment by March 7, 2025, please contact Krista Williams at 570-887-4311.
6. Scholarship winners will be announced in April.



**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, February 7, 2025.**

Mailing Address: Krista Williams  
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 enclose 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 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