



Kristin Runyon Memorial Scholarship

A scholarship for pursuing an R.N. degree.

Established by Sam and Barb Runyon to honor their daughter Kristin's memory as a talented nurse whose compassionate spirit, commitment to excellence, and engaging personality touched many lives. This scholarship is to support registered nursing education to benefit and enhance the professional skills of nurses serving the greater Franklin County area.

Award

- \$3,000

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 Counties, northern Maryland, or northeastern West Virginia).
- Applicants must have completed a hospital-based acute care 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 personal interview will be issued to the most qualified candidates. **Interviews will take place on June 5.**
- The award committee will notify candidates of their final selection. **An award photo will be taken, and an article published about the recipients.**
- Scholarships will be awarded to underwrite tuition expenses only. WellSpan will send the tuition reward check directly to the recipient's educational institution billing office.

Please submit applications to **Jill Simonson, at the**

Summit Health Foundation
785 5th Avenue, Suite 1
Chambersburg, PA 17201
(717) 337- 4175 | jsimonson6@wellspan.org



Scholarship process opens in the spring and is usually due by beginning of summer. Contact Jill Simonson for deadline.





KRISTIN RUNYON MEMORIAL SCHOLARSHIP

APPLICATION

.....

Name of Applicant: _____

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

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

College Attending: _____ Projected Date of Graduation: _____

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

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

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

Other Clinical Rotations: _____

Tuition Per Semester: \$ _____ Student Account Number: _____

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 WellSpan Chambersburg Hospital to maintain these recommendations as a confidential communication.

Applicant's Signature

Date

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. Contact Jill Simonson at jimonson6@wellspan.org for application deadline.

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
jimonson6@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 ___/___/___