Summit Health Foundation
WellSpan

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 3.0.
- Applicants must be a resident of Franklin County, neighboring counties or attend a nursing school within WellSpan Chambersburg Hospital's primary recruitment area (Franklin County, 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 two letters of reference from academic or clinical references.
- An invitation for a personal interview will be issued to the most qualified candidates.
- Interviews will take place in June and the award committee will notify candidates of their final selection.
- Recipients must submit a photo or headshot, and an article will be 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 Kara Ferraro:

Summit Health Foundation
785 5th Avenue, Suite 1
Chambersburg, PA 17201
(717) 267-7457 | kferraro3@wellspan.org

Applications must be received no later than May 22, 2026.

Applications Due: May 22, 2026

KRISTIN RUNYON MEMORIAL SCHOLARSHIP

APPLICATION

Summit Health Foundation
WellSpan®

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

(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. Two letters of reference from academic or clinical references
4. Official college transcript for current RN program with minimum GPA of 3.0
5. Complete WellSpan Health's Non-Patient Authorization Form

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 22, 2026.

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:

Please submit applications to Kara Ferraro:

Summit Health Foundation
785 5th Avenue, Suite 1
Chambersburg, PA 17201
(717) 267-7457 | kferraro3@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 ___/____/____

WELLSPAN HEALTH - NON-PATIENT
AUTHORIZATION FOR PHOTOGRAPHY, VIDEO-RECORDING, INTERVIEWS
FOR PUBLIC RELATIONS AND MARKETING

Name _____ Date of Birth _____

Address _____City_____ State _____ Zip Code _____

Email Address _____

I hereby authorize WellSpan Health and/or any affiliated entity to use or disclose personal information about me in the following formats:

- ☐ Photos (digital or still photography, slides)
- ☐ Video recordings (digital, film, motion pictures)
- ☐ Live streaming video
- ☐ Interviews
- ☐ Print and Digital Media (newspapers, magazines, brochures, Web, social media, etc.)

The photos/video-recordings/interviews may be used or disclosed for WellSpan Health publications, medical or other hospital publications, general circulation newspapers and magazines, brochures, television programs or commercials, Internet sites, social media platforms or exhibits.

I understand the following:

- The information used or disclosed may be subject to re-disclosure.
- I will not receive compensation in any form for the use of these photos/video recordings/interviews/print and digital media.

My signature acknowledges that my representative or I have read and understand the content of this authorization, and all of my questions have been answered.

_____	_____	_____	_____
Individual/Representative Signature	Printed Name	Date	Time

Representative's relationship to minor (If subject is not 18 years of age): _____