

Alan H. Walker and Deborah A. Walker Scholarship



This scholarship aims to support students striving to fulfill their dreams of caring for others.

It is designed for individuals who have demonstrated hard work, grit, determination, and a deep sense of empathy and compassion for those they serve.

By positively impacting students pursuing careers in the medical field, this scholarship also serves as a tribute to the close, compassionate relationship Alan shared with his nurses. He deeply relied on their tireless mental, physical, and emotional efforts in providing exceptional care.

Alan and Deborah firmly believed that these caregivers were extraordinary individuals, and it is their honor to assist future candidates who aspire to join their ranks.

Eligibility Criteria:

- Must be a current Care Partner/Tech or Nurse at Robert Packer Hospital, Sayre, PA Campus for at least one year.
- Accepted into an accredited college, university or technical school pursuing education as an LPN, ADN, BSN, Accelerated RN Program, MSN, PHD programs or specialized certifications.
- Applicant must have demonstrated financial need. Please submit either a FAFSA or a state income tax return and any other applicable documentation to show the need.
- Complete an essay (250-500 words, double spaced) about what compassionate care means to you and how you incorporate it in your current practice.

Please E-mail your application in Word or PDF form to: info@twintierscf.org no later than Monday, May 12, 2025, by 5:00 pm or mail to Community Foundation for the Twin Tiers, 104 W. Lockhart St, Sayre, PA 18840. Mailed application must be postmarked no later than Monday, May 12, 2025.



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Type or print neatly in black or blue ink. Only complete applications will be considered.

Personal Information:

Last Name		First Name		MI
Street Address				Apt. /Unit Number
City	State	Zip Code	Home Phone	Cell Phone
Sex: M F	Date of Birth: ____/____/____			
MM/DD/YYYY			Email Address	
Name of High School			Date of Graduation	

Employment Information:

Are you currently employed? Yes No If yes: Full-time or Part-time

Position Title: _____ Years employed: _____

Name of Employer: _____

Employer's Address: _____ City: _____

State: _____ Zip: _____ Employer's Phone Number: _____



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Current Educational Information:

Current Degree or Certification: _____

Major Field of study in college: _____

Name of the college or university or trade school attending:

Address of college or university or trade school:

Current G.P.A. _____ (If applicable)

Financial Information:

Please enter your Student Aid Index (SAI) number, which is generated after completing your Free Application for Federal Student Aid Form (FAFSA): _____.

If this number is not available at the time of submitting the application, please provide details as to the status of FAFSA. Please notify us when the number becomes available.

If you are not applying for financial aid, please provide your most recent State Tax Return.

Number of Dependents in Family: _____

I attest that all personal data included within this application is truthful and in no way misleading. All contents have been completed entirely by me (the applicant) to the best of my knowledge.

If I am selected as a recipient of a Community Foundation for the Twin Tiers scholarship, I agree to permit the Foundation to confer with my school to verify my continuing enrollment during the term of my scholarship.

I also agree that my name and photograph can be used in announcements made by the Community Foundation for the Twin Tiers regarding the scholarship (s) for which I have been awarded.

I also agree that by signing this I permit my school to give the Community Foundation for the Twin Tiers information regarding my SAT scores, current GPA and class rank.

Awards may be used at any accredited college, university, or technical school within the United States.

Signature of Applicant

Date of Signature