

The Elizabeth Shaw Gamble Nursing Scholarship

A program of Latrobe Area Hospital Charitable Foundation

Biographical Information:

Mrs. Elizabeth Shaw Gamble, who was a resident of the Ligonier Valley, endowed a scholarship in 2009 with Latrobe Area Hospital Charitable Foundation because of her strong interest in wanting to further the nursing profession at Latrobe Area Hospital. In fact, Mrs. Gamble's philanthropic pursuits are a reflection of her father's philanthropic activities that he valued during his lifetime.

Walter Carlyle Shaw, Mrs. Gamble's father, was one of the founders of the G. C. Murphy Company and played a major role in the business and civic life of McKeesport for decades. Under his leadership, G.C. Murphy grew into one of the nation's major retail chains with over 500 stores located in 22 states and the District of Columbia. Mr. Shaw was a generous benefactor to McKeesport Hospital and many community-based organizations. Mr. Shaw passed away in January of 1962.

Elizabeth Shaw Gamble relocated to the Ligonier area in 1971 and wished to continue her father's legacy of philanthropy in and around her local community. Mrs. Gamble, who has since passed away, had the opportunity to meet the very first scholarship recipient in 2010 - a graduate of Ligonier Valley High School.

Purpose of the Scholarship:

An award from The Elizabeth Shaw Gamble Nursing Scholarship provides financial assistance for high school graduates who have been accepted into an accredited school of nursing with the intent of earning an associate degree, bachelor degree or a diploma as a registered nurse.

Amount of Award:

The amount of the scholarship award will vary, depending upon the market value of the endowment fund and other factors. To the extent there is a qualifying applicant, a scholarship will be awarded annually. To the extent there is more than one qualifying applicant the selection committee may elect to split the scholarship amount between or among such applicants. All scholarships are made payable to the educational institution.

Eligibility Requirements:

Eligibility guidelines for The Elizabeth Shaw Gamble Nursing Scholarship include:

- Must be a graduate of Greater Latrobe Senior High School, Ligonier Valley High School, or Derry Area High School;
- Should have a record of outstanding academic achievement, with no less than a 3.25 Grade Point Average;
- Must be accepted into an accredited school of nursing;
- Must demonstrate financial need;
- Personal attributes should include good communication and interpersonal skills, respectfulness and good manners in everyday life – qualities that were important to Mrs. Gamble.

Application and Selection Process:

The student will complete the application form for the Elizabeth Shaw Gamble Nursing Scholarship. The following items must be attached to the application form:

- Official High School Transcript (sealed)
- Nursing School Acceptance Letter
- Completed Goal Statement
- Two letters of recommendation from teachers
- A copy of the FAFSA Summary showing the Expected Family Contribution (EFC) as your financial information.
- Invoice or estimate of costs from the educational institution, showing all costs and itemized sources of other aid (grants, scholarships, loans).

In addition to a completed application, finalists may interview with a member(s) of the selection committee.

All selections shall be made on an objective and nondiscriminatory basis as required by federal law applicable to tax-exempt entities. No member of the selection committee or any individual related to a member of the selection committee may benefit from the scholarship.

Should the recipient fail to complete his/her training, the scholarship must be repaid to Latrobe Area Hospital Charitable Foundation. The terms for repayment will be determined on a case-by-case basis.

March 2015



Independence
HEALTH SYSTEM



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A Healthcare/Community Partnership

Elizabeth Shaw Gamble Nursing Scholarship

Interested applicants are encouraged to call Foundation office (724-537-1925) before completing form.

Instructions:

1. Please print clearly. If this form is incomplete or not signed, the application will not be considered.
2. Attach required documentation to the application.
3. Return all completed paperwork by May 31, 2026 to: Latrobe Area Hospital Charitable Foundation, One Mellon Way, Latrobe, PA 15650.

Personal Information:

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell or alternative phone: _____

Email address: _____ Social Security Number: _____

Parent/Guardian Name: _____

Academic Information:

High School: _____

Date of Graduation: _____ GPA: _____

College: _____ Degree sought: _____

Address: _____

Other Scholarships/Grants Received: _____ Total: \$ _____

Activities and Interests:

List and briefly describe your high school extracurricular activities and/or volunteer activities you have been involved in or academic awards you have received: _____

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

Signature of Applicant

Date

Please return this completed application along with the following information:

1. High School Transcript
2. Nursing School Acceptance Letter
3. Completed Goal Statement
4. FAFSA summary showing the Expected Family Contribution (EFC) as your financial information
5. Two letters of recommendation from teachers
6. Invoice or estimate from educational institution with all costs and itemized sources of other aid

Goal Statement

Please submit a one page narrative stating your short-term and long-range professional goals. Please include what you perceive as your strengths and weaknesses.

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