## **2025 WAYNESBORO HOSPITAL AUXILIARY**

## **HEALTH CAREER SCHOLARSHIP APPLICATION**

Please print or type:

| P  | ersonal Data  |                     |                         |       |   |
|----|---|---------------------|-------------------------|-------|---|
| 1. | Name:   | First               | Middle                  | Loct  |   |
|    |   | First               | Middle                  | Last  |   |
| 2. | Mailing Address:  |                     |                         |       |   |
| 3. | Telephone Number:   |                     |                         |       |   |
| 4. | E-mail address:   |                     |                         |       |   |
| 5. | Date of Birth:  |                     |                         |       |   |
| 6. | Father/Guardian: N  | ame:<br>First       |                         | Last  |   |
|    | Address:<br>Occupation<br>Employer:                                 | n:                  |                         |       |   |
| 7. | Mother/Guardian: N  | Name:               |                         | Last  |   |
|    | Address:<br>Occupatior<br>Employer:                                 | n:                  |                         |       |   |
| 8. | Brothers, sisters, or ot attending, and/or occinformation. Attach s | upation (if applica | ıble). Please use a sep | , , , | • |
|    | A   |                     | ·                       |       |   |
|    | _   |                     |                         |       |   |
|    | _   |                     |                         |       |   |

## **B.** Educational Data

| 1. | High School Attending: GPA:   |   |
|----|---|---|
|    | 2024/2025 School year to date: # of days Absent: # of days Tardy:   |   |
|    | SAT Scores:         Verbal Math OR ACT Total Score:           Class Rank:         (Example: 25/250) /   | _ |
|    | Junior Year Senior Year   |   |
| 2. | List any school activities, awards, years and offices held:   |   |
|    |   |   |
|    |   |   |
|    |   |   |
| 2  | List any volunteer, educational or personal experiences you have had, including dates:  |   |
| 5. | List any volunteer, educational or personal experiences you have had, including dates.  |   |
|    |   |   |
|    |   |   |
|    |   |   |
| 4. | What human health care field are you planning to pursue?  |   |
|    | Career Goal:  |   |
|    |   |   |
| 5. | List, in order of preference, the colleges/schools where you have applied for admission an * those where you have been accepted. Please highlight the college/school you pl |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    | <del></del>   |   |

## C. Financial Data

| 1. | Using the chart below, itemize your anticipated <b>annual</b> expenses for the college/school you plan to |
|----|---|
|    | attend:   |

| Category       | Estimated Cost |  |  |
|----------------|----------------|--|--|
|                |                |  |  |
| Tuition        | \$             |  |  |
| Room and Board | \$             |  |  |
| Textbooks      | \$             |  |  |
| Transportation | \$             |  |  |
| Other (list)   | \$             |  |  |
| Total          | \$             |  |  |

| 2.   | Estimate your parent's/guardian's annual income: \$30,000 - \$60,000 \$60,000 - \$90,000 \$90,000 - \$120,000 \$120,000 and above    |
|------|--|
| 3.   | Job/Savings amount you have available for college expenses:  |
| 4.   | List other scholarships or grants for which you have applied and amounts.  Indicate with an * those for which you have been awarded: |
|      |  |
| D. L | ist your work experiences, including places and dates:   |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |

E. Please include the following information from your (2) enclosed reference forms:

| Name | Grade/Class/Position | School/Occupation |
|------|----------------------|-------------------|
|      |                      |                   |
|      |                      |                   |

ENCLOSE THE FOLLOWING DOCUMENTS AND HAND-DELIVER OR MAIL TO THE ADDRESS BELOW WITH THIS COMPLETED FOUR (4) PAGE APPLICATION:

- 1. An <u>official</u> copy of your high school transcript and <u>official</u> college or professional school transcript, if applicable. Request these transcripts early!
- 2. Your two (2) references from high school teachers, counselors, college instructors, or advisors <u>in</u> <u>individually sealed envelopes</u>. These should be given to you before the March 14<sup>th</sup> deadline.
- 3. Your personal statement, double-spaced and typed, on a separate piece of paper. Directions are on the attached information sheet.

Scholarship Committee Chairperson Waynesboro Hospital Auxiliary Office 501 E. Main Street Waynesboro, PA 17268

MAILED OR HAND-DELIVERED APPLICATION AND ALL RELATED DOCUMENTS ARE

DUE IN THE WAYNESBORO HOSPITAL

AT THE FRONT DESK/SWITCHBOARD OPERATOR

ON OR BEFORE 5:00PM, MARCH 14, 2025.

\*\*PLEASE NOTE: IF MAILING APPLICATION AND RELATED DOCUMENTS, MAKE SURE THEY WILL BE DELIVERED ON OR BEFORE MARCH 14<sup>th</sup>, NOT POSTMARKED BY MARCH 14<sup>th</sup>.