CHAMBERSBURG AREA HOSPITAL AUXILIARY
$1000 SCHOLARSHIP FOR *ADULT*

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1 Student must live within the geographic area that WellSpan Chambersburg Hospital serves.

2. Student must enter a human healthcare-related field and must start classes within the year.

3. Student must complete application.

4. Each student will be eligible to receive the Award **only one time**.

5. The Award will be given in one lump sum.

6. Application must be post marked on or before **April 3, 2026.**

7. Two letters of recommendation must accompany application, excluding family members.

9. Application must include a current transcript.

10. Send application to:

Jacqui Wolfe
Chambersburg Area Hospital Auxiliary Scholarship Committee
527 Larkspur Lane
Chambersburg, PA 17202

CHAMBERSBURG AREA HOSPITAL AUXILIARY
$1000 SCHOLARSHIP APPLICATION FOR ADULT
ENTERING HUMAN HEALTHCARE FIELD

NAME _____ DATE OF BIRTH _____

ADDRESS _____ TELEPHONE NO. _____

_____

_____ EMAIL ADDRESS _____

HIGH SCHOOL _____ YEAR GRADUATED _____

COLLEGE _____ YEAR GRADUATED _____

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1. What field of human healthcare do you plan to enter? _____

_____

List schools where you have applied for admission in the human healthcare field. _____

_____

_____

_____

2. Have you been accepted? YES NO

Name of School you plan to attend _____

School Address: _____

_____

Student ID# _____

3. SINGLE MARRIED

Parent(s) Address Spouse's Address

_____ _____

_____ _____

_____ _____

4. Your Occupation _____ Spouse's Occupation _____

5. Describe any employment you have had and list any community service and amount of hours. _____
_____
_____
_____
_____

6. Write an explanation as to why this scholarship is needed and why you have chosen your selected field. _____
_____
_____

_____
Signature