WELLSPAN CHAMBERSBURG AREA HOSPITAL AUXILIARY
$1000 SCHOLARSHIP FOR *HIGH SCHOOL SENIOR*

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

2. Student must enter 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. Application must be accompanied by a recommendation from the High School Guidance Counselor.

8. 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

WELLSPAN CHAMBERSBURG AREA HOSPITAL AUXILIARY
$1000 SCHOLARSHIP APPLICATION FOR HIGH SCHOOL SENIOR
ENTERING HUMAN HEALTHCARE FIELD

NAME _____ DATE OF BIRTH _____

ADDRESS _____ TELEPHONE NO. _____

_____

_____ HIGH SCHOOL _____

E-MAIL ADDRESS: _____ YEAR GRADUATED _____

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

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

3. Have you been accepted? YES NO

   Name of School you plan to attend _____

   School Address: _____

   _____

   Student ID# (College) _____

4. Parent(s)/Guardian(s) Names: _____

   Address: _____

5. Describe any employment you have had and list any extra-curricular activities and offices held. _____
   _____
   _____
   _____

6. List any community service performed and amount of hours _____
   _____
   _____

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

_____
Signature of Student

_____
Signature of Parent or Guardian