**2025 WAYNESBORO HOSPITAL AUXILIARY**

# *HEALTH CAREER SCHOLARSHIP APPLICATION*

Please print or type:

**A. Personal Data**

1. Name: _____
   First Middle Last

2. Mailing Address: _____

   _____

3. Telephone Number: (Cell) _____

4. E-mail address: _____

5. Date of Birth: _____

6. Father/Guardian: Name: _____
   First Last

   Address: _____
   Occupation: _____
   Employer: _____

7. Mother/Guardian: Name: _____
   First Last

   Address: _____
   Occupation: _____
   Employer: _____

8. Brothers, sisters, or others dependent on family income. Give name, age, grade and school, college attending, and/or occupation (if applicable). Please use a separate line for each name and their information. Attach separate sheet if necessary.

   A. _____
   B. _____
   C. _____
   D. _____
   E. _____

**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:

   _____ _____
   _____ _____
   _____ _____
   _____ _____
   _____ _____

3. 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. Indicate by an ***** those where you have been accepted. Please highlight the college/school you plan to attend:

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

**C. Financial Data**

1. Using the chart below, itemize your anticipated **annual** 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. List 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 **official** copy of your high school transcript and **official** 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 **in individually sealed envelopes. These should be given to you before the March 14th 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

_____
**Signature of Applicant**

_____
**Date**

## 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 14th, NOT POSTMARKED BY MARCH 14th.