2025 Waynesboro Hospital Auxiliary

Laboratory Memorial Scholarship Application

Please print or type information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (Cell) _____

E-mail address _____

Current Occupation: _____

Please <u>circle</u> your Career Objective:

Phlebotomist **Medical Lab Technician** **Medical Technologist**

Number of Dependents: _____

College or University now attending: _____

Address: _____**City:** _____**State:** _____ **Zip:** _____

Major/Curriculum: _____

Number of credits required to complete this curriculum: _____

Number of credits you have completed thus far: _____

Number of credits enrolled in this semester: _____

Number of credits to be enrolled next semester: _____

Anticipated date of graduation:_____

Estimated Itemized finances needed to <u>finish</u> your education:

Category	Estimated Cost
Tuition	**$**
Textbooks	**$**
Transportation	**$**
Childcare	**$**
Lab fees	**$**
Other	**$**
Total	**$**

- Attach a one-page essay stating why we should consider you for the Laboratory Memorial Scholarship. This must be no longer than one (1) typed page, double-spaced.

- Submit official transcript(s) with college seal of **ALL** community college, college, and university credits earned to date. The transcript(s) may be submitted with your application, one-page essay, and references **OR** mailed by the Registrar to the address below, arriving on or before 5:00pm, March 14, 2025.

- Submit two (2) professional references as per directions on the attached Information Sheet.

Scholarship Committee Chairperson
Waynesboro Hospital Auxiliary
501 East Main Street
Waynesboro, PA 17268

APPLICATION, ONE-PAGE ESSAY, TRANSCRIPT(S), AND 2 REFERENCES MAY BE MAILED OR HAND-DELIVERED AND ARE DUE IN THE WAYNESBORO HOSPITAL TO 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.**