

WellSpan Good Samaritan Hospital  
Lebanon, Pennsylvania 17042

The requirements for the **Mr. and Mrs. Hyman S. Caplan and Hunsicker-Przybyla Nursing Scholarship** are as follows:

1. Must be a resident of Lebanon County
2. Must be pursuing a nursing education
3. Must be a student during the school year 2024-2025
4. Information needed:
  - a. Complete high school transcript with class standing or General Education Diploma (GED) if you never attended college.
  - OR** All applicable transcripts with GPA if previously attended Nursing School or College.
  - b. Two letters of reference submitted with application (no relatives).

**This application is not for current WGSB employees.**

Scholarship recipients must be willing to sign an agreement to work at **WellSpan Good Samaritan Hospital** and remain employed in a full time or part time capacity for 24 months upon course completion. **If the commitment is not kept, re-payment will be pro-rated in ½ increments. The re-payment amount will be due and must be paid within 30 days after the employee's last day of work.**

**YOU ARE RESPONSIBLE FOR MAKING SURE YOUR TRANSCRIPTS AND REFERENCE LETTERS GET TO THE DEVELOPMENT OFFICE BY THE DEADLINE.** (No phone calls will be made by our office to get your information!)

**\*IF WE DO NOT RECEIVE ALL YOUR INFORMATION IN THE BY 3:00 PM FRIDAY, APRIL 26, 2024 YOU WILL NOT BE CONSIDERED FOR A SCHOLARSHIP!**

WellSpan Good Samaritan Hospital  
Lebanon, Pennsylvania 17042

## 2024-2025 NURSING SCHOLARSHIP APPLICATION

Degree pursuing: L.P.N. \_\_\_ B.S.N. \_\_\_  
R.N. \_\_\_ M.S.N. \_\_\_

PLEASE TYPE OR PRINT IN BLACK INK

### A. PERSONAL

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number:  
Home \_\_\_\_\_ Cell \_\_\_\_\_

**EMAIL ADDRESS that you will be checking April-July** (this is how you will be contacted)

\_\_\_\_\_

### B. EDUCATIONAL AND EMPLOYMENT HISTORY

High School: \_\_\_\_\_ (Graduation Date)

Additional Education/Training: \_\_\_\_\_

\_\_\_\_\_

Employment:

POSITION	DEPARTMENT	NAME OF COMPANY OR HOSPITAL	HOW LONG

College/Nursing school you will be attending:

\_\_\_\_\_

### C. Family

**If Single, answer the following questions.**

Do you reside with your parents?    Yes    No

If no, with whom? \_\_\_\_\_

Address: \_\_\_\_\_

**If you do not live with you parents, continue on to the next section.**

Father's full name: \_\_\_\_\_  
living/deceased (circle one)

Father's occupation and place of employment: \_\_\_\_\_  
\_\_\_\_\_

Mother's full name: \_\_\_\_\_  
living/deceased (circle one)

Mother's occupation and place of employment: \_\_\_\_\_  
\_\_\_\_\_

Number of children or dependents residing at home:

Brothers \_\_\_\_\_                      Ages \_\_\_\_\_                      Other \_\_\_\_\_  
Sisters \_\_\_\_\_                      Ages \_\_\_\_\_

**If Married, answer the following questions.**

Spouse's full name: \_\_\_\_\_                      Age \_\_\_\_\_

Spouse's occupation and place of employment: \_\_\_\_\_  
\_\_\_\_\_

Number of children or dependents in family: \_\_\_\_\_                      Ages: \_\_\_\_\_

If divorced, does spouse support children?    Yes    No

## D. FINANCES

A clear picture of your own and your family's financial position must be given. Financial need is a primary factor considered in appraising your application. If you need additional space for clarification, please attach an extra sheet of paper. This information will be kept confidential.

Adjusted gross income on your most recent IRS return:

1. \*Personal \$ \_\_\_\_\_ 2. \*Household \$ \_\_\_\_\_  
\*this information is required

Indicate whether your family had exceptional expenses during the past year: \_\_\_\_\_

\_\_\_\_\_

What is your hourly salary? \$ \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

Plans for financing your education:

1. Cost of education per year? \$ \_\_\_\_\_
2. Amount you have saved for this purpose? \$ \_\_\_\_\_
3. Amount you expect from other sources? \$ \_\_\_\_\_
4. What scholarships have you applied to? \_\_\_\_\_

\_\_\_\_\_

## E. ACTIVITIES

List the student activities in which you participated in high school or college: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List community and/or hospital activities in which you have participated: \_\_\_\_\_

\_\_\_\_\_

Add any additional information, which you think, would be useful to the Scholarship Committee in evaluation of your application.

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Date

\_\_\_\_\_

Signature

Mail application, transcripts and reference letters to:

Misty Zechman, Development Office  
WellSpan Good Samaritan Hospital  
Fourth & Walnut Sts.  
P.O. Box 1281  
Lebanon, PA 17042  
(717) 270-7864

Physical Office Location: 259 S. 4<sup>th</sup> Street, 1<sup>st</sup> Floor

Application, transcripts and references must be received in the development office by  
**3:00 PM FRIDAY, APRIL 26, 2024.**

**This application is NOT for current WellSpan Good Samaritan employees. This application will not be considered unless fully completed and all transcripts and reference letters are received by the date above.**

All applicants will need to attend an initial interview in late May or Early June. (You will be notified by email of the dates and times.) Finalists may need to return for a second interview.

**Scholarship recipients must be willing to sign an agreement to work at WellSpan Good Samaritan Hospital for 24 months after graduation.**

The Mr. and Mrs. Hyman S. Caplan/  
Hunsicker-Przybyla Nursing Scholarship  
Letter of Commitment

In return for the scholarship given to me by the WGSB to advance my career in the health care field, I agree to:

- Attain a C+ or better grade in each of my courses
- Keep the scholarship committee informed of my progress by forwarding a copy of my grades at the end of each semester
- Notify you immediately of any change in school or status in my nursing education
- Contribute back to the hospital and the community in a professional manner
- In the event the scholarship recipient is unable to meet the two-year commitment, the scholarship amount will be paid in full to WellSpan Good Samaritan Hospital.
- Remain employed by WellSpan Good Samaritan Hospital in a full time or part time capacity for 24 months upon course completion. If the commitment is not kept, re-payment will be pro-rated in ½ increments. **The re-payment amount will be due and must be paid within 30 days after the employee's last day of work.**

Signed:

\_\_\_\_\_  
Scholarship recipient

\_\_\_\_\_  
Date

Return to:  
Misty Zechman, Development Office  
WellSpan Good Samaritan Hospital  
Fourth & Walnut Sts.  
P.O. Box 1281  
Lebanon, PA 17042