

**2023 WAYNESBORO HOSPITAL  
HEALTH CAREER SCHOLARSHIP**  
Information Sheet

1. All scholarship applicants must be a 2023 graduating high school senior residing in the Waynesboro Area School District, Greencastle-Antrim School District, or be actively involved with the Student Volunteer program at the Waynesboro Hospital during their high school years (not living in the above school districts) with the intent of pursuing a career in the human health care field. The student should maintain at least a 3.2 grade point average (GPA), with consideration given to weighted classes.
2. The recipient shall be selected according to the accepted guidelines of the Scholarship Committee. Interviews will be scheduled at the discretion of the Scholarship Committee.
3. Applicants must furnish two (2) reference letters (using the attached forms) from high school teachers/counselors or college instructors/advisors. **PLEASE FILL OUT THE TOP OF EACH REFERENCE FORM BEFORE GIVING THEM TO YOUR TEACHERS/COUNSELORS/COLLEGE INSTRUCTORS/ADVISORS.**  
  
**\*\*FOLLOW UP WITH YOUR REFERENCE REQUESTS TO BE SURE THEY ARE INCLUDED WITH YOUR COMPLETED APPLICATION. YOU SHOULD REQUEST THEM PRIOR TO THE APPLICATION DUE DATE OF MARCH 1, 2023\*\***
4. An official transcript of all high school(s) and if applicable college transcript(s), must be submitted with your application. **\*\*Please request these transcripts early – in many cases it may take at least 10 school days to receive your transcript(s).**
5. All scholarship monies will be paid directly to the recipient's higher education institution for tuition and/or room and board, split between the Fall and Spring semesters of his/her Freshman year.
6. All applicants must be accepted by an accredited college or university.
7. Applicants shall include a personal statement, no longer than one (1) page typed and double-spaced, explaining which human health care career field you are choosing to further your education in, why you chose that field, and what you plan on doing after you graduate with your degree.

**THE FOLLOWING ITEMS MUST BE EITHER MAILED OR HAND-DELIVERED  
TO THE WAYNESBORO HOSPITAL VOLUNTEER OFFICE (ADDRESS BELOW)  
ON OR BEFORE 5:00PM ON MARCH 1, 2023:**

- ❖ Completed and signed 4-page application.
- ❖ Official high school and if applicable, college transcript(s), attached to your application.
- ❖ Two (2) reference forms from high school teachers, counselors, or college instructors in individually sealed envelopes. **\*\*Please note these references should be given to you before the March 1<sup>st</sup> application due date.**
- ❖ Your personal statement explaining your human health care career choice.
- ❖ **INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED. \*\*PLEASE NOTE: IF MAILING APPLICATION AND RELATED DOCUMENTS, MAKE SURE THEY WILL BE DELIVERED ON OR BEFORE 5:00PM MARCH 1<sup>ST</sup>, NOT POSTMARKED BY MARCH 1<sup>ST</sup>.**

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

2023 WAYNESBORO HOSPITAL AUXILIARY

***HEALTH CAREER SCHOLARSHIP APPLICATION***

Please print or type:

**A. Personal Data**

1. Name: \_\_\_\_\_  
First Middle Last

2. Present Address: \_\_\_\_\_  
\_\_\_\_\_

3. Telephone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

4. E-mail address: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. Father: Name: \_\_\_\_\_  
First Last

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

7. Mother: Name: \_\_\_\_\_  
First Last

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

8. Guardian: Name: \_\_\_\_\_  
First Last

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

9. 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: \_\_\_\_\_  
Date of Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_  
Month/Year

2022/2023 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:

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### 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)	\$
<b>Total</b>	<b>\$</b>

2. Estimate your parent's/guardian's annual income:

☐ \$30,000 and under
 ☐ \$30,000 - \$60,000  
☐ \$60,000 - \$90,000
 ☐ \$90,000 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:

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E. Please include the following information concerning your references:

Name	Position/Grade	School

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 1<sup>st</sup> 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 VOLUNTEER OFFICE  
ON OR BEFORE 5:00PM ON MARCH 1, 2023.**

**\*\*PLEASE NOTE: IF MAILING APPLICATION AND RELATED DOCUMENTS, MAKE  
SURE THEY WILL BE DELIVERED ON OR  
BEFORE MARCH 1<sup>ST</sup>, NOT POSTMARKED BY MARCH 1<sup>ST</sup>.**