

2023 WAYNESBORO HOSPITAL AUXILIARY

HEALTH CAREER SCHOLARSHIP REFERENCE FORM

Health Career Scholarship Applicant:

Name: _____

Address: _____

Telephone Number: _____

Career Goal: _____

The above listed student is applying for a scholarship toward higher education in a human health care related field. Please assist by providing the following information:

1. Describe your relationship with this student.

2. Please answer the following as they relate to your knowledge of the applicant and his/her aptitude for a human healthcare career program:
 - A. Describe the applicant's level of maturity—reliability, ability to deal with new situations, etc.

 - B. Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, determination, promptness, accuracy, etc.

 - C. Why do you feel this applicant would be successful in the human health care field?

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- D. Give any personal comments that would further describe the applicant, his/her character, personality, attitude, etc.

Signature

Printed Name

E-mail Address

Telephone Number –(If additional information is needed
from Scholarship Committee)

All information must be completed and returned to applicant in a sealed envelope
before March 1, 2023.

Your help in providing this information is greatly appreciated. If you have any questions concerning this reference form, please call Jill Kessler, Scholarship Committee Co-Chair, at 717-729-8887.