1. Student must live within the area that the Chambersburg Hospital serves.

2. Student must enter Human Health Related Field and must start classes within the year.

3. Student must complete application.

4. Each student will receive the award for one year only.

5. The Award will be given in one lump sum.

6. Application must be post marked on or before April 15, 2020.

7. Application must be accompanied by a recommendation from the High School Guidance Counselor.

8. Two letters of recommendation must accompany application, excluding family members.

9. Application must include High School records of the student.

10. Send application to:

    Jacqui Wolfe
    Chambersburg Area Hospital Auxiliary Scholarship Committee
    527 Larkspur Lane
    Chambersburg, PA 17202
CHAMBERSBURG AREA HOSPITAL AUXILIARY
1000 SCHOLARSHIP FOR HIGH SCHOOL SENIOR ENTERING HUMAN HEALTH FIELD

______________________________________________________________________________

NAME __________________________         DATE OF BIRTH _________________________
ADDRESS _______________________        HIGH SCHOOL ___________________________
_________________________________       TELEPHONE   ____________________________
E-MAIL ADDRESS:________________________

1. What field of Human Health Care do you plan to enter?
2. List schools where you have applied for admission in the human health field.
3. Have you been accepted? Yes ☐ No ☐
Name the school you plan to attend. ______________________________________
4. Name of parents or guardian ____________________________________________
5. Father’s Occupation _____________________________________________
6. Mother’s Occupation ____________________________________________
7. Number of brothers and sisters ___________________________________
   A. Their Ages ________
   B. Number self-supporting: Totally _____ Partially _____
   C. Number in College, training school, or any schools other then elementary or Secondary, [middle, junior/senior high] schools. _______________
8. Describe any employment you have had and list extra curricular activities and offices held. ____________________________________________
   __________________________________________________________________
   __________________________________________________________________
9. List community service and hours __________________________________________
10. Write an explanation why this Scholarship Award is needed and why you have chosen this field.

________________________________________________________________________

________________________________________________________________________

11. Statement of Financial Need by Parents or Guardian. **This information will be considered confidential by the committee.**

   a. Father’s Employment _________________ Annual Income ____________

   b. Mother’s Employment _________________ Annual Income ____________

   c. Rent Home ☐ Own Home ☐

   d. List financial obligations.

   e. Circumstances limiting your earning ability.

_________________________________  
Signature of Student

_________________________________  
Signature of Parent or Guardian