Laboratory Memorial Scholarship
Information Sheet

WHO MAY APPLY
The applicant must be enrolled in an accredited program at a community college, college or university leading to a certificate or certification as a Phlebotomist, Medical Laboratory Technician, or Medical Technologist. The applicant must be in good academic standing.

SCHOLARSHIP AWARD
The Laboratory Memorial Scholarship is in memory of Mindy S. Wagaman and Marsha Smith. The award amount is flexible and will be based on need. The scholarship award will be sent directly to the student and may be used for: tuition, textbooks, lab fees, child-care, and/or travel expenses to and from their academic college or university.

FINANCES
The award will be based, to a limited extent, on the student’s financial situation. Be fair and honest when estimating the sum you need to complete your education. Itemize your expenses on page 2 of the application. Documentation of expected costs to attend classes may be required.

TRANSCRIPTS
An official transcript of all grades earned-to-date should be requested by you to the Registrar of your institution. You should also attach any current grades not included on this official transcript to your application. Ask for a receipt so you know the transcript(s) have been mailed to the address below OR include the official transcript(s) with your scholarship application.

WRITTEN REFERENCES
Please submit two (2) professional references. Follow-up to be sure the references have been mailed to the address below OR you may include them with your application.

ONE PAGE ESSAY
Prepare a one (1) page, typed and double-spaced essay stating your career goals and why the scholarship should be awarded to you.

DUE DATE
Your application, 2 references (if not sent separately), transcript(s), and essay may be mailed or hand-delivered and are due in the Waynesboro Hospital Volunteer Office on or before 5:00pm on March 2, 2020.

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

Revised 10/19
Waynesboro Hospital Auxiliary

Laboratory Memorial Scholarship
Application Form
Please print or type information

Name: ________________________________________________

Address: ____________________________________________

City: __________________________ State: ________ Zip: ________

Telephone: (Home) ____________ (Work) ____________ (Cell) ____________

E-mail address _______________________________________

Current Occupation: __________________________________

Please circle your Career Objective:

Phlebotomist  Medical Lab Technician  Medical Technologist

Marital Status: _______________ 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: ________________________________

Total cost for complete curriculum: (tuition, textbooks, child-care, transportation, lab fees, etc.):

   $ _______________

Estimate of finances needed to finish your education: $ _____________

   (Itemize all expenses on page 2)
Itemized finances needed to finish your education:

<table>
<thead>
<tr>
<th>Category</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$</td>
</tr>
<tr>
<td>Textbooks</td>
<td>$</td>
</tr>
<tr>
<td>Transportation</td>
<td>$</td>
</tr>
<tr>
<td>Childcare</td>
<td>$</td>
</tr>
<tr>
<td>Lab fees</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
</tbody>
</table>
| **Total**    | **$**          | *(transfer this amount to page 1)*

- 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 2, 2020.

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

Scholarship Committee Chairperson
Waynesboro Hospital Auxiliary
Waynesboro Hospital
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 VOLUNTEER OFFICE ON OR BEFORE 5:00PM ON MARCH 2, 2020.**

Revised 10/19
Laboratory Memorial Scholarship Applicant:

Name: ______________________________________________________________
Address: ____________________________________________________________
Telephone Number: ___________________________________________________

Circle one of the following career fields applicant is enrolled in:

- Phlebotomist
- Medical Laboratory Technician
- Medical Technologist

The above listed student is applying for a scholarship toward higher education in the field chosen above. 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 the above circled 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 his/her chosen field?
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 either returned to applicant in sealed envelope or mailed to the address below on or before March 2, 2020.

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

Your help in providing this information is greatly appreciated. If you have any questions concerning this reference form, please call the Waynesboro Hospital Auxiliary office at 765-4000, extension 5205, between the hours of 9am-1pm.
Laboratory Memorial Scholarship Applicant:

Name: ______________________________________________________________
Address: __________________________________________________________________
Telephone Number: ______________________________________________________

Circle one of the following career fields applicant is enrolled in:

Phlebotomist          Medical Laboratory Technician         Medical Technologist

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

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