

PEARLE E. WARREN NURSING SCHOLARSHIP

INFORMATION SHEET

WHO MAY APPLY

The applicant must be a full- or part-time employee of the Waynesboro Hospital and must be enrolled in the second year or beyond of an accredited Community College, College, University, or School of Nursing following a nursing curriculum. The applicant must be in good academic standing.

SCHOLARSHIP AWARD

The Pearle E. Warren Nursing Scholarship will be a minimum of \$1,500.

The Scholarship monies will be used to cover your second year or beyond tuition expenses. The Scholarship award will be mailed directly to your institution.

FINANCES

Be fair and honest when estimating the sum you will need to complete your education. A W-4 Form may be required. Itemize your expenses, as required, on page 2 of the application.

TRANSCRIPT(S)

Make a request to the Registrar at your institution to secure an **official** transcript of all credits earned to date. An official transcript **with the college seal** is required of all credits earned applying toward your nursing degree. Ask for a receipt so you know the transcript(s) have been forwarded or include the official transcript(s) with your scholarship application.

REFERENCES

Two (2) references are required from current or past higher education instructors. Follow up to be sure references have been forwarded to the address on page 2 of scholarship application or you may include them with your scholarship application.

ONE-PAGE ESSAY

Prepare a one-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** can be mailed or hand-delivered and are due in the Waynesboro Hospital Volunteer Office **on or before 5:00pm on March 1, 2019.**

PEARLE E. WARREN NURSING SCHOLARSHIP

Application Form

(Please Print or Type Information)

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. (Home) _____ (Work) _____ (Cell) _____

E-mail address _____

State your Position Held at Waynesboro Hospital () Full-Time () Part-Time

State Your Career Objective(s) _____

Marital Status () Single () Married () Divorced () Head of Household

No. of Dependents _____

Community College/College/University/School of Nursing Now Attending:

Address _____ City _____ State/Zip _____

Curriculum _____

Number of Credits Required to Complete This Curriculum _____

Number of Credits You Have Completed Thus Far _____

Number of Credits Enrolled in Spring Semester _____

Total Cost for Complete Curriculum (Include tuition, textbooks, and transportation) \$ _____

Estimate Finances Needed to Finish Your Education \$ _____

(Itemize all expenses on Page 2)

(Continued on back)

Itemized Finances Needed to Finish Your Education

<u>Category</u>	<u>Estimated Cost</u>
Tuition	\$ _____
Textbooks	\$ _____
Transportation	\$ _____
Total	\$ _____
(Transfer to Page 1)	

- **Attach a One-Page Essay** stating why we should consider you for the Pearle E. Warren 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/University/School of Nursing credits earned-to-date. The transcript(s) may be submitted with your application or mailed by the registrar to the address below, on or before the March 1, 2019 deadline.
- **Submit Two (2) References**—from current or past higher education instructors—to:

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

The references may be submitted with this application and/or mailed separately or hand-delivered.

**APPLICATION, ONE-PAGE ESSAY, TRANSCRIPT(S),
AND 2 REFERENCES CAN BE MAILED OR HAND-DELIVERED AND
ARE DUE IN THE WAYNESBORO HOSPITAL VOLUNTEER OFFICE
ON OR BEFORE 5:00PM ON MARCH 1, 2019.**

WAYNESBORO HOSPITAL AUXILIARY

PEARLE E. WARREN NURSING SCHOLARSHIP REFERENCE

Pearle E. Warren Nursing Scholarship Applicant:

Name: _____

Address: _____

Telephone Number: _____

Career Goal: _____

The above listed student is applying for a scholarship toward higher education in the field of Nursing. 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 Nursing 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 Nursing 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 or mailed to the address below **on or before February 22, 2019.**

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.

WAYNESBORO HOSPITAL AUXILIARY

PEARLE E. WARREN NURSING SCHOLARSHIP REFERENCE

Pearle E. Warren Nursing Scholarship Applicant:

Name: _____

Address: _____

Telephone Number: _____

Career Goal: _____

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