

Waynesboro Hospital Auxiliary Health Career Scholarship Information Sheet

1. All scholarship applicants must be a student 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 medical or paramedical 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 your reference requests (due to you on or before February 22, 2019) to be sure they are included with your completed application.**
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 most cases, it will take at least 10 school days to receive your transcript(s).**
5. The minimum scholarship will be \$500. All scholarship monies will be paid directly to the recipient's higher education institution, 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 health 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 health career 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, 2019:**

- ❖ 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 are due to you by February 22, 2019.**
- ❖ Your personal statement explaining your career choice.
- ❖ **INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.**

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

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

SAT/ACT Scores: Verbal _____ Math _____
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 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:

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)	\$
Total	\$

2. Resources available to you for your education:
From parents/guardians: _____
Job/Savings: _____ Other sources: _____
3. 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:

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/advisors **in individually sealed envelopes.**
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
Waynesboro Hospital
501 East 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, 2019.**

WAYNESBORO HOSPITAL AUXILIARY

HEALTH CAREER SCHOLARSHIP REFERENCE

Health Career Scholarship Applicant:

Name: _____

Address: _____

Telephone Number: _____

Career Goal: _____

The above listed student is applying for a scholarship toward higher education in a health-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 health 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 health care 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 returned to applicant in a sealed envelope
on or before February 22, 2019.

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

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Telephone Number: _____

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