

CHAMBERSBURG AREA HOSPITAL AUXILIARY  
\$1000 SCHOLARSHIP FOR *ADULT*

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1. Student must live within the geographic area that WellSpan Chambersburg Hospital serves.
2. Student must enter a human healthcare-related field and must start classes within the year.
3. Student must complete application.
4. Each student will be eligible to receive the Award **only one time**.
5. The Award will be given in one lump sum.
6. Application must be post marked on or before **April 3, 2026**.
7. Two letters of recommendation must accompany application, excluding family members.
9. Application must include a current transcript.
10. Send application to:

Jacqui Wolfe  
Chambersburg Area Hospital Auxiliary Scholarship Committee  
527 Larkspur Lane  
Chambersburg, PA 17202

CHAMBERSBURG AREA HOSPITAL AUXILIARY  
\$1000 SCHOLARSHIP APPLICATION FOR ADULT  
ENTERING HUMAN HEALTHCARE FIELD

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

\_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

COLLEGE \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

1. What field of human healthcare do you plan to enter? \_\_\_\_\_

List schools where you have applied for admission in the human healthcare field. \_\_\_\_\_

2. Have you been accepted? YES NO

Name of School you plan to attend \_\_\_\_\_

School Address: \_\_\_\_\_

Student ID# \_\_\_\_\_

3. SINGLE MARRIED

Parent(s) Address \_\_\_\_\_

Spouse's Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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4. Your Occupation \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

5. Describe any employment you have had and list any community service and amount of hours. \_\_\_\_\_

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6. Write an explanation as to why this scholarship is needed and why you have chosen your selected field. \_\_\_\_\_

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Signature