

WELLSPAN CHAMBERSBURG AREA HOSPITAL AUXILIARY
\$1000 SCHOLARSHIP FOR *HIGH SCHOOL SENIOR*

1. Student must live within the geographic area that the WellSpan Chambersburg Hospital serves.
2. Student must enter 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. 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 a current transcript.
10. Send application to:
Jacqui Wolfe
Chambersburg Area Hospital Auxiliary Scholarship Committee
527 Larkspur Lane
Chambersburg, PA 17202

WELLSPAN CHAMBERSBURG AREA HOSPITAL AUXILIARY
\$1000 SCHOLARSHIP APPLICATION FOR HIGH SCHOOL SENIOR
ENTERING HUMAN HEALTHCARE FIELD

NAME _____ DATE OF BIRTH _____
ADDRESS _____ TELEPHONE NO. _____
_____ HIGH SCHOOL _____
E-MAIL ADDRESS: _____ YEAR GRADUATED _____

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

2. List schools where you have applied for admission in the human healthcare field. _____

3. Have you been accepted? YES NO
Name of School you plan to attend _____
School Address: _____

Student ID# (College) _____
4. Parent(s)/Guardian(s) Names: _____
Address: _____
5. Describe any employment you have had and list any extra-curricular activities and offices held. _____

6. List any community service performed and amount of hours _____

7. Write an explanation as to why this scholarship is needed and why you have chosen your selected field. _____

Signature of Student

Signature of Parent or Guardian