



**Application for Gettysburg Hospital Auxiliary Scholarship
For Nursing and Allied Health**

Name: _____

Address: _____

Telephone Number: _____

Cell Phone: _____

Email: _____

High School Attended: _____

Year of Graduation: _____

Higher Education Planned: _____

Name of School: _____

Major: _____

Where have you been accepted for enrollment? _____

Date Classes Begin: _____

Date you expect notification: _____

Will you be attending full-time? _____

Activities, accomplishments or leadership positions held during high school:

Activities, hobbies or job experiences outside of school:

In addition to this application the following items are required:

1. All academic transcripts
2. A recommendation from your guidance counselor or current advisor
3. A recommendation from another person (teacher, clergy, employer) who is familiar with your character
4. The first page of your parents or your (if you are no longer a dependent) most recent US Income Tax 1040 Form. This information is confidential and is only seen by the Director of Financial Aid, Gettysburg College
5. A 300 word essay on why you chose your major and what your career goals are

I understand that this application and attachments are to be used solely for the purpose of considering me for this scholarship. I understand that this scholarship will be used toward my studies in a health related profession. I recognize that it is expected, but not required, that I pursue a health care position in the Gettysburg Hospital service area upon completion of my education. If selected as the recipient, I give my permission for a public announcement and photo opportunity to be made.

Signature: _____

Date: _____

Return application by **April 17** to: Gettysburg Hospital Auxiliary Scholarship
Ms. Christina Gormley, Director of Financial Aid
Campus Box 438
300 N Washington Street
Gettysburg College
Gettysburg, PA 17325