

**2021 WAYNESBORO HOSPITAL
PEARLE E. WARREN NURSING SCHOLARSHIP**

Information Sheet

1. 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 or certified registered nurse midwife curriculum. The applicant must be in good academic standing with a graduation date of December 2021 or later.
2. The Pearle E. Warren Nursing Scholarship will be a minimum of \$1,500.
3. 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.
4. 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.
5. 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 mailed (and will be delivered by the March 1st deadline) or you may include the official transcript(s) with your scholarship application.
6. Two (2) references are required from current or past higher education instructors. Follow up to be sure references have been mailed (and will be delivered by the March 1st deadline) to the address on page 2 of scholarship application or you may include them with your scholarship application. **Please fill out the top of each reference form before giving them to your college instructors/advisors/counselors.**
7. Prepare a one-page, typed and double-spaced essay stating your Nursing or Certified Registered Nurse Midwife career goals and why the scholarship should be awarded to you.

Your **application, 2 references (if not sent separately), transcript(s) (if not sent separately) and essay** can be mailed or hand-delivered to the Waynesboro Hospital Volunteer Office **on or before 5:00pm on March 1, 2021. **PLEASE NOTE: IF MAILING APPLICATION, MAKE SURE IT WILL BE DELIVERED ON OR BEFORE MARCH 1ST, NOT POSTMARKED BY MARCH 1ST.**

**2021 Waynesboro Hospital Auxiliary
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) _____

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 this semester: _____

Number of credits to be enrolled next semester: _____

Anticipated date of graduation: _____

(Continued on back)

Estimated Itemized Finances Needed to Finish Your Education:

<u>Category</u>	<u>Estimated Cost</u>
Tuition	\$ _____
Textbooks	\$ _____
Transportation	\$ _____
Total	\$ _____

- **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/Certified Registered Nurse Midwife 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, 2021 deadline.
- **Submit Two (2) References**—from current or past higher education instructors—to:

Scholarship Committee Chairperson
Waynesboro Hospital Auxiliary
501 East Main Street
Waynesboro, PA 17268

The references may be submitted with this application, 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, 2021.**

****PLEASE NOTE: IF MAILING APPLICATION, MAKE SURE IT WILL BE DELIVERED
ON OR BEFORE MARCH 1ST, NOT POSTMARKED BY MARCH 1ST.**

2021 WAYNESBORO HOSPITAL AUXILIARY

PEARLE E. WARREN NURSING SCHOLARSHIP REFERENCE FORM

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 or Certified Nurse Midwife. 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 or Certified Nurse Midwife 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 or Certified Nurse Midwife 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 delivered to the address below **before March 1, 2021.**

Scholarship Committee Chairperson
Waynesboro Hospital Auxiliary Office
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 717-765-4000, extension 5205, between the weekday hours of 9am-1pm.