

**2021 WAYNESBORO HOSPITAL
HEALTH CAREER SCHOLARSHIP
Information Sheet**

1. All scholarship applicants must be a graduating high school senior 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 human health care 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 WITH YOUR REFERENCE REQUESTS TO BE SURE THEY ARE INCLUDED WITH YOUR COMPLETED APPLICATION. YOU SHOULD REQUEST THEM PRIOR TO THE APPLICATION DUE DATE OF MARCH 1, 2021****
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 many cases it may take at least 10 school days to receive your transcript(s).**
5. All scholarship monies will be paid directly to the recipient's higher education institution for tuition and/or room and board, 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 human health care 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 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, 2021:**

- ❖ 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 should be given to you before the March 1st application due date.**
- ❖ Your personal statement explaining your human health care career choice.
- ❖ **INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED. **PLEASE NOTE: IF MAILING APPLICATION, MAKE SURE IT WILL BE DELIVERED ON OR BEFORE MARCH 1ST, NOT POSTMARKED BY MARCH 1ST.**

Scholarship Committee Chairperson
Waynesboro Hospital Auxiliary
501 E. 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

2020/2021 School year to date: # of days Absent: _____ # of days Tardy: _____

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 human 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. Estimate your parent's/guardian's annual income:
- _____ \$30,000 and under _____ \$30,000 - \$60,000
_____ \$60,000 - \$90,000 _____ \$90,000 and above

3. Job/Savings amount you have available for college expenses: _____

4. 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, or advisors **in individually sealed envelopes. These should be given to you before the March 1st deadline.**
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
501 E. 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, 2021.**

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

- 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
before March 1, 2021.

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.