CHAMBERSBURG AREA HOSPITAL AUXILIARY
$1000 SCHOLARSHIP FOR AN ADULT

---

1 Student must live within the area that the Chambersburg Hospital serves.

2. Student must enter a Health-Related Field and must start classes within the year.

3. Student must complete application.

4. Student will receive the award for one year only.

5. The Award will be given in one lump sum.

6. Application must be post marked on or before April 15, 2021.

7. Three letters of recommendation must accompany application - one personal and two professionals.

8. Please enclose a current transcript.

9. Send application to:

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

1000 SCHOLARSHIP AWARD
APPLICATION FOR ADULT STUDENT ENTERING HEALTH CARE FIELD

NAME _____ DATE OF BIRTH _____

ADDRESS _____ HIGH SCHOOL _____

_____ YEAR GRADUATED _____

TELEPHONE _____ COLLEGE _____

E-MAIL ADDRESS: _____ YEAR GRADUATED _____

1. What field of Health Care do you plan to enter?

2. List schools where you have applied for admission in the health care field.
_____
_____
_____

3. Have you been accepted? Yes □ No □
Name the school you plan to attend. _____
Address: _____
_____

4. Single □ Married □
Parent's Address: Spouse's Address
_____ _____
_____ _____
_____ _____

5. Your Occupation _____ Spouse's Occupation _____

6. Number of children _____

A. Their Ages _____
B. Number self-supporting: Totally _____ Partially _____
C. Number in College, training school, or any schools other then elementary or Secondary, [middle, junior/senior high] schools.

7. Describe any employment you have, and list any community service and hours.

8. Write an explanation why this Scholarship Award is needed and why you have chosen this field.

9. Statement of Financial Need by Applicant. **<u>This information will be considered confidential by the Committee.</u>**

   I certify that financial assistance is necessary for the applicant to enter and complete this Human Health Care Field.

   1. Your present Employment _____ Annual Income _____

   2. Spouse's Employment _____ Annual Income _____

   3. Parent's Employment _____ Annual Income _____

   4. Rent Home □ Own Home □

   5. List financial obligations.

   6. Circumstances limiting your earning ability.

_____
Signature