

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

1. Student must live within the area that the Chambersburg Hospital serves.
2. Student must enter Healthcare Related Field and must start classes within the year.
3. Student must complete application.
4. Each 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. 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. Provide a copy of your most current transcript.
10. Send application to:

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

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

NAME _____ DATE OF BIRTH _____

ADDRESS _____ TELEPHONE _____

E-MAIL ADDRESS: _____

Student ID# _____

1. What field of Healthcare do you plan to enter?

2. Name the school you plan to attend _____

School Address: _____

4. Name of parents or guardian _____

5. Father's Occupation _____

6. Mother's Occupation _____

7. Number of brothers and sisters _____

A. Their Ages _____

B. Number self-supporting: Totally _____ Partially _____

C. Number in College _____, training school _____, or any schools other than elementary or Secondary, [middle, junior/senior high] schools. _____.

8. Describe any employment you have had and list extra curricular activities and offices held. _____

9. List community service and hours _____

10. Write an explanation why this Scholarship Award is needed and why you have chosen This field. _____

11. Statement of Financial Need by Parents or Guardian. **This information will be considered confidential by the committee.**

a. Father's Employment _____ Annual Income _____

b. Mother's Employment _____ Annual Income _____

c. Rent Home Own Home

d. List financial obligations.

e. Circumstances limiting your earning ability.

Signature of Student

Signature of Parent or Guardian