

**CHAMBERSBURG AREA HOSPITAL AUXILIARY**  
**112 North Seventh Street**  
**Chambersburg, PA 17201**

February 2, 2026

Dear Guidance Counselor:

Enclosed is the scholarship application for the Chambersburg Area Hospital Auxiliary Scholarship Program for High School Seniors who will be attending college to pursue a career in the healthcare field. Scholarships will be in the amount of \$1,000 each.

Instructions for completion of the application and required qualifications are also enclosed.

It is important to note that the application must be post marked **on or before April 3, 2026**, to be considered for the scholarship.

Thank you for your continued interest and support for this Annual Scholarship Program.

If you have any questions, please send an email to [volwest@wellspan.org](mailto:volwest@wellspan.org) .

Sincerely,

Chambersburg Area Hospital Auxiliary Scholarship Committee  
c/o WellSpan Chambersburg Hospital (Volunteer Engagement Office)  
112 North Seventh Street  
Chambersburg, PA 17201



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

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1. Student must live within the geographic area that the WellSpan Chambersburg Hospital serves.
2. Student must enter human healthcare-related field and must start classes within the year.
3. Student must complete application.
4. Each student will be eligible to receive the Award **only one time**.
5. The Award will be given in one lump sum.
6. Application must be post marked **on or before April 3, 2026**.
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. Application must include a current transcript.
10. Send application to:  
Jacqui Wolfe  
Chambersburg Area Hospital Auxiliary Scholarship Committee  
527 Larkspur Lane  
Chambersburg, PA 17202





7. Write an explanation as to why this scholarship is needed and why you have chosen your selected field. \_\_\_\_\_

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Signature of Student

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Signature of Parent or Guardian