

**THE GREENCASTLE-ANTRIM ENDOWMENT  
2025 HEALTH CAREERS SCHOLARSHIP APPLICATION**

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**Instructions: Please answer all questions completely. For questions that do not apply to you, write N/A, along with a brief explanation.**

**Date of Application:** \_\_\_\_\_

**SECTION A: PERSONAL INFORMATION**

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Employment Status: \_\_\_\_\_ (full-time, part-time, occasional)

Father's Name & Address: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Mother's Name & Address: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

High School Attended and Graduation Date: \_\_\_\_\_

**SECTION B: ACADEMIC INSTITUTION INFORMATION**

Academic Institution in Which You Are Enrolled or Plan to Enroll: \_\_\_\_\_

Describe the work/career you are planning for: \_\_\_\_\_

Program or Degree Anticipated: \_\_\_\_\_ Previous GPA: \_\_\_\_\_

How many years of schooling are necessary to attain this goal? \_\_\_\_\_

Academic Advisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Projected Date of Graduation: \_\_\_\_\_

List the anticipated annual expenses for this scholarship request:

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Tuition & Fees: \_\_\_\_\_  
Books & Supplies: \_\_\_\_\_  
Room & Board: \_\_\_\_\_  
Other Expenses (list each): \_\_\_\_\_  
Total: \_\_\_\_\_

List Other Scholarships or Financial Aid for Which You Have Applied or Received:

\_\_\_\_\_  
\_\_\_\_\_

Amount(s): \_\_\_\_\_  
\_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Leadership Positions Held in School and Community Organizations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Community Service Have You Performed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION C: FINANCIAL INFORMATION**

Estimated Annual Income of **Applicant**:

|                         |                         |
|-------------------------|-------------------------|
| _____ \$0 - \$999       | _____ \$2,000 - \$2,999 |
| _____ \$1,000 - \$1,999 | _____ Above \$3,000     |

Estimated Annual Income of **Family**:

|                           |                             |
|---------------------------|-----------------------------|
| _____ Below \$50,000      | _____ \$100,000 - \$149,999 |
| _____ \$50,000 - \$99,999 | _____ \$150,000 or above    |

Total # of individuals living in the home: \_\_\_\_ # of additional children living in the home: \_\_\_\_

Total # of household members enrolled in college (include yourself) \_\_\_\_\_

Describe personal and household expenses ***you are responsible for paying*** (i.e. purchasing a car, insurance, gas, cell phone, rent, etc.). If you are head of household, note "***head of household***" \_\_\_\_\_

*The Greencastle Endowment Committee reserves the right to request additional documentation to support financial information as stated above.*

**SECTION D: ATTACHMENTS**

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Please attach a brief (one-page limit) explanation of your future educational goals and any special circumstances which exist concerning your pursuit of post-secondary education. Include the following:

- The reason why you feel that you should be considered for this scholarship.
  - What you feel your contribution would be to the healthcare field.
  - How you will add to the health of individuals living in our communities.
- Two (2) letters of recommendation must accompany this application. Those recommendations are to be from professional educators or community leaders.
- Transcripts of previous course work (either high school 11<sup>th</sup> and 12<sup>th</sup> grade to date or college if already enrolled in a program).

**SCHOLARSHIP GUIDELINES:**

**Selection Criteria**

- 1) Financial need
- 2) Family challenges, constraints
- 3) Disability
- 4) Special area of study

The final selection will be made by the Greencastle–Antrim Endowment Committee.

Funds will be paid directly to the academic institution.

Return application by email to:

Julia Kint  
WellSpan Health & Summit Endowment  
Community Grants Program Administrator

[Jkint3@wellspan.org](mailto:Jkint3@wellspan.org)

785 5<sup>th</sup> Ave  
Suite 1  
Chambersburg, PA 17201

**YOUR COMPLETED APPLICATION AND OTHER REQUESTED  
INFORMATION MUST BE RECEIVED NO LATER THAN  
MARCH 31<sup>ST</sup>, 2025 BY 4:00 P.M.**