



Franklin County Government 2026 Nursing Scholarship Application **INSTRUCTIONS**

PURPOSE: The purpose of the Franklin County Government Nursing Scholarship Program is an opportunity to provide Franklin County High School Seniors, residing and attending high school in Franklin County, who plan to pursue a course of study in the field of nursing and who are in need of financial assistance. There remains a critical need for high-quality nursing care in Franklin County.

AWARD: Potentially, six \$2,500 scholarships will be available every calendar year to area Franklin County High School Seniors. The scholarship is open for full-time students who have been officially accepted into an accredited nursing program. The scholarships will be awarded to those demonstrating financial need.

RENEWABILITY: This scholarship is a one-year scholarship and will only be awarded to Franklin County High School Seniors.

ELIGIBILITY CRITERIA:

1. Resident of Franklin County (12 consecutive months)
2. Enrollment will be in a full-time accredited nursing program
3. Academic achievement, including a minimum GPA of 2.5 or higher on a 4.0 scale
4. Demonstrate a financial need
5. Service to the community (volunteering)
6. Extracurricular activities (sports, organizations, clubs etc...)

WHEN TO APPLY: The application process opens every year, beginning in January, and closes on the fourth Friday in March at 4:30 PM. **This year's deadline is Friday, March 27, 2026 at 4:30 PM.**

WHERE TO APPLY: The applications will be available online at www.franklincountypa.gov, beginning in February until the **closing date of Friday, March 27, 2026 at 4:30 PM.**

HOW TO APPLY: To be considered, students shall complete the Franklin County Government Nursing Scholarship Student Application in its entirety. Be sure to include an **OFFICIAL HIGH SCHOOL TRANSCRIPT and 3 REFERENCES:** one reference from your high school guidance counselor and two additional personal references. Personal references shall be completed by an adult, who is not related to you and would provide a

www.franklincountypa.gov

(717)261-3150

Instructions for Nursing Scholarship Application (revised Jan 2026)



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favorable or positive recommendation. (Examples include a teacher, coach, clergy, work supervisor, or neighbor.) The persons completing these references shall place them in a sealed envelope, before returning to you, to submit with your portion of the application. Franklin County Government will not consider applications that are incomplete, missing documentation, postmarks past deadline or other issues beyond our control. Do not submit items that have not been requested. Any additional paperwork submitted that has not been requested will be shredded. Questions pertaining to the Nursing Scholarship Student application will be answered by calling the Human Resources Department **(717)261-3150** or emailing hr@franklincountypa.gov.

WHERE TO SUBMIT APPLICATION: Completed applications **must be received in their entirety by 4:30 PM on Friday, March 27, 2026**. It is recommended to follow-up with a phone call if an application is emailed, to verify confirmation.

**Franklin County Government
Attn: Human Resources Department
272 North Second Street, Suite 900
Chambersburg, PA 17201**

Submissions via email: hr@franklincountypa.gov

ACCEPTANCE PROCEDURES: A committee of local healthcare professionals and County representatives will select approximately six scholarship recipients each year. Winners will be announced during their school district's scholarship ceremony. Recognition will also be given during a Commissioners' Meeting in the summer.

FUND DISTRIBUTION: Funds will be paid directly to the academic institution of the Nursing Scholarship recipients.

www.franklincountypa.gov
(717)261-3150



Franklin County Government

2026 Nursing Scholarship

STUDENT APPLICATION

Today's Date: (MM/DD/YYYY)		Applicant's Date of Birth: (MM/DD/YYYY)	
Applicant's First Name:		Last Name:	Middle Initial:
Phone Number:		Email Address:	
Street Address:			
City:		State:	Zip:
How long have you lived at this address?		Are you a Franklin County Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>*You must be a resident of Franklin County for at least 12 consecutive months to be considered for a scholarship</small>	
Name of High School Attending:			
High School Street Address:			
City:		State:	Zip:
Graduation Date: (MM/DD/YYYY)		Phone Number of High School:	

Please complete the following. Enter **N/A** if not applicable.

Father / Legal Guardian's Name:	Father / Legal Guardian's Address:
Father / Legal Guardian's Employer:	Father / Legal Guardian's Occupation:
Mother / Legal Guardian's Name:	Mother / Legal Guardian's Address:
Mother / Legal Guardian's Employer:	Mother / Legal Guardian's Occupation:
Father / Legal Guardian's 2025 Gross Annual Income:	Mother / Legal Guardian's 2025 Gross Annual Income:
Applicants' 2025 Gross Annual Income:	Applicants' Occupation:
Applicant's Employer:	Applicant's Typical Schedule: (ex: 12 hours/week)

Gross Annual Income is the amount before taxes. We reserve the right to request copies of W-2's to verify gross annual income.

Please list siblings or others dependent on family income.

Provide Name, age, grade and school attending (or occupation, if applicable), with each person being listed on a separate line below.

Name	Relationship	Age	Grade	School Attending (or Occupation)

Applicant Name:

Please type or print your responses to the following questions. Use additional paper if necessary.



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1. Briefly describe your long-term and short-term goals, including the number of years of schooling anticipated to attain these goals. (Your written statement is very important in the scholarship award decision.)

2. List and give dates of all academic achievements, activities, civic honors, awards, &/or work experiences you have received/participated in during high school. Be sure to include leadership roles, if applicable. Attach or make additional copies if needed.

Circle Grade Level Below	Activity/Award (ex: Student of the Month, Sept. 2019) (ex: Greyhound Varsity Football, quarterback, Lettered 10, 11 & 12 grades) (ex: Part time Employee-drive through order taker)	Group/Team (ex: Lunchtime Lions Club) (ex: Team Captain) (ex: McDonald's of Chambersburg)
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3. List of all community involvement (e.g., church, shelter, healthcare volunteering). Clearly articulate your contributions, in the provided space or on an additional document to provide specifics, such as hours committed and skills gained.

4. Briefly list, in order of personal preference, the names of the academic institutions to which you have applied and the anticipated program or degree. Indicate whether you have been accepted, rejected, or if your application is pending, and attach any relevant documentation.

Name of Academic Institution	Degree Anticipated	Accepted; Rejected; Pending Acceptance?
1		
2		
3		

5. List all other scholarships you have applied for.

Scholarship Name	Received	Dollar Amount
	___ YES ___ NO ___ PENDING	\$
	___ YES ___ NO ___ PENDING	\$
	___ YES ___ NO ___ PENDING	\$
	___ YES ___ NO ___ PENDING	\$



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6. Using the chart below, itemize your anticipated annual expenses:

Category	Estimated Cost
Tuition	\$
Room and Board	\$
Textbooks	\$
Transportation	\$
Other (list)	\$
TOTAL	\$

7. Please estimate the Gross Annual Income (before taxes) for 2025:

FAMILY (combined income of mother, father & applicant) \$	APPLICANT \$
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8. Did you complete FAFSA? If so, what is the Applicant's Estimated Family Contribution (EFC), after completing FAFSA:

<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING	My FAFSA Estimated Family Contribution (EFC) is \$
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Mail completed applications to Franklin County Government Attn: Human Resources Dept.
 272 North Second Street, Chambersburg, PA 17201 or via email: hr@franklincountypa.gov by March 27, 2026.

Applicant Name:



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STUDENT APPLICATION

Please utilize this page if more space is needed to answer previous pages. Otherwise, this page has been intentionally left blank.



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STUDENT APPLICATION

Applicant Name:	<i>Guidance Submission Page 1 of 3</i>
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NURSING SCHOLARSHIP REFERENCE TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR

Name of High School:		
Street Address:		
City:	State:	Zip:
Applicants' Career Goals:		
H.S. Graduation Date:	Cumulative Class Rank:	
Cumulative GPA:	Total H.S. Class Size:	

Attendance Information:

Current School Year:	# Days Absent:	# Days Tardy:
Previous School Year:	# Days Absent:	# Days Tardy:

Test Score Information (Optional):

SAT:	Reading:	Math:	Writing:	Date:
	Reading:	Math:	Writing:	Date:
	Reading:	Math:	Writing:	Date:
ACT:	Composite:		Date:	

The above listed student is applying for a scholarship toward higher education in the field of Nursing. Please assist by providing the following information, in addition to an Official High School Transcript.

1. Describe your relationship with this applicant.



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STUDENT APPLICATION

Applicant Name:

Guidance Submission

Page 2 of 3

2. Please answer the following as they relate to your knowledge of the applicant and his/her aptitude for a health career program:

A. Describe the applicant's level of maturity-reliability, ability to deal with new situations, etc.

B. Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, determination, promptness, accuracy, etc.



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C. Why do you feel this applicant would be successful in the health care field?

Applicant Name:

Guidance Submission
Page 3 of 3

D. Give any personal comments that would further describe the applicant, his/her character, personality, attitude, etc.

The information I provided is accurate and true, to the best of my knowledge.

H.S. Guidance Counselor Signature:	Printed Name:
Email Address:	Phone Number:

GUIDANCE SUBMISSION: Applications are to be completed and returned to the applicant in a sealed envelope, along with an official copy of the student's transcript.

Deadline for the applicant's completed application to be considered, it must be received by Franklin County Government Human Resources by 4:30 PM, by Friday, March 27, 2026, in its entirety.

Your help in providing this information is greatly appreciated. If you have any questions concerning this reference form, please contact Franklin County Human Resources at 717-261-3150, x 21112, between the hours of 8:30AM - 4:30 PM.

Thank You!



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STUDENT APPLICATION

Applicant Name:

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NURSING SCHOLARSHIP REFERENCE

First Reference Submission

(Applicants should complete the highlighted portions only)

Page 1 of 3

Applicant's First Name:	Last Name:	Middle:
Phone Number:	Email Address:	
Street Address:		
City:	State:	Zip:
Applicants' Career Goals:		

THE FOLLOWING IS TO BE COMPLETED BY AN ADULT WHOM YOU BELIEVE
WILL PROVIDE A POSITIVE RECOMMENDATION

The above listed student is applying for a scholarship toward higher education in the field of Nursing. Please assist by providing the following information:

1. Describe your relationship with this applicant.

2. Please answer the following as they relate to your knowledge of the applicant and his/her aptitude for a health career program:

A. Describe the applicant's level of maturity-reliability, ability to deal with new situations, etc.



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B. Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, determination, promptness, accuracy, etc.

C. Why do you feel this applicant would be successful in the health care field?



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D. Give any personal comments that would further describe the applicant, his/her character, personality, attitude, etc.

The information I provided is accurate and true, to the best of my knowledge.

<i>Signature:</i>	<i>Printed Name:</i>
<i>Email Address:</i>	<i>Phone Number:</i>

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STUDENT APPLICATION

B. Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, determination, promptness, accuracy, etc....

C. Why do you feel this applicant would be successful in the health care field?



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STUDENT APPLICATION

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