

**2026 WAYNESBORO HOSPITAL AUXILIARY
HEALTH CAREER SCHOLARSHIP
Information Sheet**

1. All scholarship applicants must be a 2026 graduating high school senior residing in the Waynesboro Area School District, Greencastle-Antrim School District, or be actively involved with the Student Volunteer program at the Waynesboro Hospital during their high school years (not living in the above school districts) with the intent of pursuing a career in the human health care field. The student should maintain at least a 3.2 grade point average (GPA), with consideration given to weighted classes.
2. The recipient shall be selected according to the accepted guidelines of the Scholarship Committee. Interviews will be scheduled at the discretion of the Scholarship Committee.
3. Applicants must furnish two (2) reference letters (using the attached forms) from high school teachers/counselors or college instructors/advisors. **PLEASE FILL OUT THE TOP OF EACH REFERENCE FORM BEFORE GIVING THEM TO YOUR TEACHERS/COUNSELORS/COLLEGE INSTRUCTORS/ADVISORS.**

****FOLLOW UP WITH YOUR REFERENCE REQUESTS TO BE SURE THEY ARE INCLUDED WITH YOUR COMPLETED APPLICATION. YOU SHOULD REQUEST THEM PRIOR TO THE APPLICATION DUE DATE OF MARCH 13, 2026****

4. An official transcript (with the embossed seal) of all high school(s) and if applicable college transcript(s), must be submitted with your application. ****Please request these transcripts early – in some cases it may take up to 10 school days to receive your transcript(s).**
5. All scholarship monies will be paid directly to the recipient's higher education institution for tuition and/or room and board, split between the Fall and Spring semesters of his/her freshman year.
6. All applicants must be accepted by an accredited college or university.
7. Applicants shall include a personal statement, no longer than one (1) page typed and double-spaced, explaining which human health care career field you are choosing to further your education in, college goals, what you intend to do with your education, and why a scholarship is important to you. Include any academic and non-academic accomplishments, personal characteristics, or experiences that make you uniquely worthy of scholarship consideration.

**THE FOLLOWING ITEMS MUST BE EITHER MAILED OR HAND-DELIVERED
TO THE WAYNESBORO HOSPITAL FRONT DESK/SWITCHBOARD OPERATOR (ADDRESS BELOW)
ON OR BEFORE 5:00PM, MARCH 13, 2026:**

- ❖ **Completed and signed 4-page application.**
- ❖ **Official high school and if applicable, college transcript(s), attached to your application.**
- ❖ **Two (2) reference forms from high school teachers, counselors, or college instructors in individually sealed envelopes. ****Please note these references should be given to you before the March 13th application due date.****
- ❖ **Your personal statement as indicated in #7 above.**
- ❖ **INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.**

****PLEASE NOTE: IF MAILING APPLICATION AND RELATED DOCUMENTS, MAKE SURE THEY WILL BE DELIVERED ON OR BEFORE 5:00PM MARCH 13th, NOT POSTMARKED BY MARCH 13th.**

Scholarship Committee Chairperson
Waynesboro Hospital Auxiliary
501 E. Main Street
Waynesboro, PA 17268

E. Please include the following information from your (2) enclosed reference forms:

Name	Grade/Class/Position	School/Occupation

ENCLOSE THE FOLLOWING DOCUMENTS AND HAND-DELIVER OR MAIL TO THE ADDRESS BELOW WITH THIS COMPLETED FOUR (4) PAGE APPLICATION:

1. An **official** copy (with the embossed seal) of your high school transcript and **official** college or professional school transcript, **if applicable**. **Request these transcripts early!**
2. Your two (2) references from high school teachers, counselors, college instructors, or advisors **in individually sealed envelopes. These should be given to you before the March 13th deadline.**
3. Your personal statement, double-spaced and typed, on a separate piece of paper. Directions are on the attached information sheet.

Scholarship Committee Chairperson
Waynesboro Hospital Auxiliary Office
501 E. Main Street
Waynesboro, PA 17268

Signature of Applicant

Date

**MAILED OR HAND-DELIVERED APPLICATION AND ALL RELATED DOCUMENTS ARE
DUE IN THE WAYNESBORO HOSPITAL
AT THE FRONT DESK/SWITCHBOARD OPERATOR
ON OR BEFORE 5:00PM, MARCH 13, 2026.**

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SURE THEY WILL BE DELIVERED ON OR
BEFORE MARCH 13th, NOT POSTMARKED BY MARCH 13th.**

THANK YOU FOR YOUR INTEREST IN THIS SCHOLARSHIP.

2026 WAYNESBORO HOSPITAL AUXILIARY

HEALTH CAREER SCHOLARSHIP REFERENCE FORM

Health Career Scholarship Applicant:

Name: _____

Career Goal: _____

The above listed student is applying for a scholarship toward higher education in a human health care related field. Please assist by providing the following information:

1. Describe your relationship with this student.

2. Please answer the following as they relate to your knowledge of the applicant and his/her aptitude for a human healthcare 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.

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

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

Signature

Printed Name

High School

Grade Taught/Position

E-mail Address

Telephone Number –(If additional information is needed
from Scholarship Committee)

All information must be completed and either returned to the applicant or delivered to the address below in a **sealed envelope** before the application due date of **March 13, 2026**.

Scholarship Committee Chairperson
Waynesboro Hospital Auxiliary Office
501 East Main Street
Waynesboro, PA 17268

Your help in providing this information is greatly appreciated. If you have any questions concerning this reference form, please call Jill Kessler, Scholarship Committee Co-Chair, at 717-729-8887.

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

_____	_____
Signature	Printed Name
_____	_____
High School	Grade Taught/Position

E-mail Address	

Telephone Number –(If additional information is needed from Scholarship Committee)	

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