

**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

2026 WAYNESBORO HOSPITAL AUXILIARY

HEALTH CAREER SCHOLARSHIP APPLICATION

Please print or type:

A. Personal Data

1. Name: _____
First Middle Last

2. Mailing Address: _____

3. Telephone Number: (Cell) _____

4. E-mail address: _____

5. Date of Birth: _____

6. Father/Guardian: Name: _____
First Last

Address (if different than above): _____

Occupation: _____

Employer: _____

7. Mother/Guardian: Name: _____
First Last

Address (if different than above): _____

Occupation: _____

Employer: _____

8. Brothers, sisters, or others dependent on family income. Give name, age, grade and school, college attending, and/or occupation (if applicable). Please use a separate line for each name and their information. Attach separate sheet if necessary.

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

C. Financial Data

1. Using the chart below, itemize your anticipated **annual** expenses for the college/school you plan to attend:

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

2. Estimate your parent's/guardian's annual income:

_____ \$30,000 – \$60,000

_____ \$90,000 – \$120,000

_____ \$60,000 – \$90,000

_____ \$120,000 and above

3. Job/Savings amount you have available for college expenses: _____

4. List other scholarships or grants for which you have applied and amounts.

Indicate with an * those for which you have been awarded:

_____	_____
_____	_____
_____	_____
_____	_____

D. List your work experiences, including places and dates:

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?

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 - 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?