

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 receive the Award for one year only.
5. The Award will be given in one lump sum.
6. Application must be post marked on or before April 3, 2023.
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

WELLSPAN CHAMBERSBURG AREA HOSPITAL AUXILIARY  
\$1000 SCHOLARSHIP APPLICATION FOR HIGH SCHOOL SENIOR  
ENTERING HUMAN HEALTHCARE FIELD

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NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

\_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

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1. What field of human healthcare do you plan to enter? \_\_\_\_\_

\_\_\_\_\_

2. List schools where you have applied for admission in the human healthcare field. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you been accepted? YES NO

Name of School you plan to attend \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

Student ID# (College) \_\_\_\_\_

4. Parent(s)/Guardian(s) Names and Address \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

5. Number of children in family and their ages \_\_\_\_\_

6. Describe any employment you have had and list any extra-curricular activities and offices held. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. List any community service performed and amount of hours \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

9. Statement of Financial Need by Parent(s) or Guardian(s). THIS INFORMATION WILL BE CONSIDERED CONFIDENTIAL BY THE COMMITTEE.

a. Father's Employment \_\_\_\_\_ Annual Income \_\_\_\_\_

b. Mother's Employment \_\_\_\_\_ Annual Income \_\_\_\_\_

c. Rent Home  Own Home

d. List financial obligations.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent or Guardian