

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 _____ \$60,000 - \$90,000
_____ \$90,000 - \$120,000 _____ \$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:

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 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 14th 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 14, 2025.**

****PLEASE NOTE: IF MAILING APPLICATION AND RELATED DOCUMENTS, MAKE
SURE THEY WILL BE DELIVERED ON OR
BEFORE MARCH 14th, NOT POSTMARKED BY MARCH 14th.**