2025 Waynesboro Hospital Auxiliary

Laboratory Memorial Scholarship ApplicationPlease print or type information

Name:			
Address:			
City:	State:	Zip: _	
Telephone: (Cell)			
E-mail address			
Current Occupation:			
Please <u>circle</u> your Car	eer Objective:		
Phlebotomist	Medical Lab Technician	Medical Technologist	
Number of Dependen	ts:		
College or University	now attending:		
Address:	City:	State:	Zip:
Major/Curriculum:			
Number of credits rec	uired to complete this curriculum:		
Number of cre	dits you have completed thus far:		
Number of cre	dits enrolled in this semester:		
Number of cre	dits to be enrolled next semester:		
Anticinated da	te of graduation:		

Estimated Itemized finances needed to finish your education:

Category	Estimated Cost
Tuition	\$
Textbooks	\$
Transportation	\$
Childcare	\$
Lab fees	\$
Other	\$
Total	\$

- Attach a one-page essay stating why we should consider you for the Laboratory Memorial Scholarship. This must be no longer than one (1) typed page, double-spaced.
- Submit official transcript(s) with college seal of ALL community college, college, and university credits earned to date. The transcript(s) may be submitted with your application, one-page essay, and references OR mailed by the Registrar to the address below, arriving on or before 5:00pm, March 14, 2025.
- Submit two (2) professional references as per directions on the attached Information Sheet.

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

APPLICATION, ONE-PAGE ESSAY, TRANSCRIPT(S), AND 2 REFERENCES MAY BE MAILED OR HAND-DELIVERED AND ARE DUE IN THE WAYNESBORO HOSPITAL TO 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.