

**2025 WAYNESBORO HOSPITAL AUXILIARY  
PEARLE E. WARREN NURSING SCHOLARSHIP**

**Application Form**

(Please Print or Type Information)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail address \_\_\_\_\_

Current position at Waynesboro Hospital:             Full-Time     Part-Time

State Your Career Objective(s) \_\_\_\_\_

Community College/College/University/School of Nursing Now Attending:

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Curriculum \_\_\_\_\_

Number of credits required to complete this curriculum: \_\_\_\_\_

Number of credits you have completed thus far: \_\_\_\_\_

Number of credits enrolled in this semester: \_\_\_\_\_

Number of credits to be enrolled next semester: \_\_\_\_\_

Anticipated date of graduation: \_\_\_\_\_

(Continued on back)

**Estimated Itemized Finances Needed to Finish Your Education:**

<u>Category</u>	<u>Estimated Cost</u>
Tuition	\$ _____
Textbooks	\$ _____
Transportation	\$ _____
<b>Total</b>	<b>\$ _____</b>

- **Attach a One-Page Essay** stating why we should consider you for the Pearle E. Warren 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/University/School of Nursing/Certified Registered Nurse Midwife credits earned-to-date.** The transcript(s) may be submitted with your application or mailed by the registrar to the address below on or before 5:00pm, March 14, 2025.
- **Submit Two (2) References**—from current higher education instructors and/or nursing supervisor(s)—to:

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

**The references may be submitted with this application, mailed separately or hand-delivered.**

**APPLICATION, ONE-PAGE ESSAY, TRANSCRIPT(S),  
AND 2 REFERENCES CAN 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 14<sup>th</sup>, NOT POSTMARKED BY MARCH 14<sup>th</sup>.**