



## Application for Gettysburg Hospital Auxiliary Scholarship for Nursing and Allied Health

Name: \_\_\_\_\_

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

Contact number: \_\_\_\_\_

Email: \_\_\_\_\_

Please don't use high school email

High School Attended: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Higher Education Planned: \_\_\_\_\_

Name of School: \_\_\_\_\_

Major: \_\_\_\_\_

Where have you been accepted for enrollment? \_\_\_\_\_

Date Classes Begin: \_\_\_\_\_

Date you expect notification: \_\_\_\_\_

Will you be attending full-time? \_\_\_\_\_

Activities, accomplishments, or leadership positions held during high school:

Activities, hobbies, or job experiences outside of school:

In addition to this application the following items are required:

- All academic transcripts
- A recommendation from your guidance counselor or current advisor
- A recommendation from another person (teacher, clergy, employer) who is familiar with your character
- The first page of your parents or your (if you are no longer a dependent) most recent US Income Tax 1040 Form. This information is confidential and is only seen by the Director of Financial Aid, Gettysburg College
- A 300 word essay on why you chose your major and what your career goals are

I understand that this application and attachments are to be used solely for the purpose of considering me for this scholarship. I understand that this scholarship will be used toward my studies in a health related profession. I recognize that it is expected, but not required, that I pursue a health care position in the Gettysburg Hospital service area upon completion of my education. If selected as the recipient, I give my permission for a public announcement and photo opportunity to be made.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Return application by **April 20** to: Gettysburg Hospital Auxiliary Scholarship  
Director of Financial Aid  
Campus Box 438  
300 N Washington Street  
Gettysburg College Gettysburg, PA  
17325