

**APPLICATION FOR  
GETTYSBURG HOSPITAL AUXILIARY SCHOLARSHIP  
FOR NURSING AND ALLIED HEALTH**

Name:

Address:

Telephone Number:

Cell Phone:

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:

1. All academic transcripts
2. A recommendation from your guidance counselor or current advisor
3. A recommendation from another person (teacher, clergy, employer) who is familiar with your character
4. 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
5. 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 18<sup>th</sup>** to: Gettysburg Hospital Auxiliary Scholarship  
Ms. Christina Gormley, Director of Financial Aid  
Campus Box 438  
300 N Washington Street  
Gettysburg College  
Gettysburg, PA 17325