

Wayne Memorial Hospital Auxiliary  
Nursing Scholarship Application  
Academic Year 2023-2024

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E Mail \_\_\_\_\_

High School \_\_\_\_\_

Principal \_\_\_\_\_ Counselor \_\_\_\_\_

Father \_\_\_\_\_ Employer \_\_\_\_\_

Mother \_\_\_\_\_ Employer \_\_\_\_\_

Sibling's in college/where \_\_\_\_\_

Financial Plan \_\_\_\_\_

Educational Objective \_\_\_\_\_

Scholastic Honors \_\_\_\_\_

Extra-Curricular Activities \_\_\_\_\_

Employment \_\_\_\_\_

Community Service \_\_\_\_\_

College/Nursing Program Accepted to \_\_\_\_\_

\_\_\_\_\_

Two copies of the completed application packet are needed. Please send  
#1 Paper copy to address below  
#2 Email copy to email address below

Include

- \* Completed Application
- \* Official HS transcript
- \* 3 letters of reference
- \* Wallet Sized photo (or copy of photo)
- \* Signed photo release (for local paper/ Hospital website)
- \* **Copy of letter of acceptance to College Nursing Program.....**
  - \*\*\* Please ensure acceptance letter states Nursing Major
- \* Full 1-2 page essay discussing your interest in pursuing a career in nursing, and reason for applying for the scholarship.

Use additional pages if necessary.....

Return packet NO later than **March 25th, 2024** to:

**#1 Paper copy to**  
**Diane Warden**  
**Crest Circle Unit 1003**  
**Lakeville, PA 18438**

**#2 Email information to [Dwarden712@gmail.com](mailto:Dwarden712@gmail.com)**

After receiving the completed packet you will be notified and scheduled for a brief interview with a panel from the Wayne Memorial Hospital Auxiliary. Interviews will take place at the hospital and in extended circumstances via Zoom at the end of April/early May. The interviews are scheduled every 15-20 minutes late afternoon/early evening.

Thank you very much for your interest in this scholarship  
Diane Warden RN, BSN, MSN, WHNP (retired)  
Chairperson WMH Auxiliary Scholarship Committee