

Wayne Memorial Hospital Auxiliary

Scholarship Application – Academic Year 2020-2021

Name _____ Date of Birth _____

Address _____

Phone Number _____ Alternate Number _____

School _____ Principal _____

Father's Name _____ Employer _____

Mother's Name _____ Employer _____

Siblings in college _____

Educational Objective _____

Employment History _____

Extra-Curricular Activities _____

Scholastic Honors _____

Community Service _____

Plans for Education _____

Please return this application no later than April 16, 2021 to: **Diane Popovich**
417 Carroll Street
Honesdale, PA 18431

Please include your official high school transcript, three letters of reference, a full page essay discussing your interest in pursuing a career in nursing and reasons for applying for the scholarship, a wallet-size photo and a copy of your letter of acceptance in a nursing program.