

Wayne Memorial Hospital Auxiliary
Nursing Scholarship Application
Academic Year 2025-2026

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 _____