

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_____