

Wooster Community Hospital Auxiliary Scholarship Application (Hospital Healthcare Fields)

Please complete legibly and in full.

Name _____

Please Print

Address _____

City _____ State _____ Zip _____

Phone _____ Alt Phone _____

Parent(s)/Guardian(s) & Occupation _____

Address _____

City _____ State _____ Zip _____

High School _____

Colleges to which you have applied _____

Probable Field of Study _____

List, in order of your interest, activities in which you participated:

School:

1. _____
2. _____
3. _____

Outside of School:

1. _____
2. _____
3. _____

List approximate hours and years of volunteer service:

Community:

1. _____
2. _____
3. _____

School:

1. _____
2. _____
3. _____

Medical Field: (*Shadowing & Volunteering*)

1. _____
2. _____
3. _____

Financial Need:

Are there other siblings attending college currently or simultaneously? Please explain _____

Date _____ Signature _____

Please attach:

- 1 An essay approximately 250 words as to why you are interested in entering the healthcare field.
- 2 A transcript of high school grades (9-11 and first semester senior year)
- 3 Two letters of reference (minister, teacher, employer, etc.)

Please note: It is the applicant's responsibility to be sure that all requested information is attached and that the total application is received by the deadline. Failure to do so will disqualify the applicant for scholarship consideration.

This application must be received no later than April 15, 2025.

Please mail application to:

**Wooster Community Hospital Auxiliary
c/o Volunteers Coordinator or Scholarship Chairperson
1761 Beall Avenue
Wooster, OH 44691**