



Franklin County Government

2024 Nursing Scholarship

STUDENT APPLICATION

Today's Date: (MM/DD/YYYY)		Applicant's Date of Birth: (MM/DD/YYYY)	
Applicant's First Name:		Last Name:	Middle Initial:
Phone Number:		Email Address:	
Street Address:			
City:		State:	Zip:
How long have you lived at this address?		Are you a Franklin County Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>*You must be a resident of Franklin County for at least 12 consecutive months to be considered for a scholarship.</small>	
Name of High School Attending:			
High School Street Address:			
City:		State:	Zip:
Graduation Date: (MM/DD/YYYY)		Phone Number of High School:	

Please complete the following. Enter **N/A** if not applicable.

Father / Legal Guardian's Name:	Father / Legal Guardian's Address:
Father / Legal Guardian's Employer:	Father / Legal Guardian's Occupation:
Mother / Legal Guardian's Name:	Mother / Legal Guardian's Address:
Mother / Legal Guardian's Employer:	Mother / Legal Guardian's Occupation:
Father / Legal Guardian's 2023 Gross Annual Income:	Mother / Legal Guardian's 2023 Gross Annual Income:
Applicant's 2023 Gross Annual Income:	Applicant's Occupation:
Applicant's Employer:	Applicant's Typical Schedule: (ex: 12 hours/week)

Gross Annual Income is the amount before taxes. We reserve the right to request copies of W-2's to verify gross annual income.

Please list siblings or others dependent on family income.

Provide Name, age, grade and school attending (or occupation, if applicable), with each person being listed on a separate line below.

Name	Relationship	Age	Grade	School Attending (or Occupation)



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Applicant Name:

Please type or print your responses to the following questions. Use additional paper if necessary.

- Briefly describe your long-term and short-term goals, including the number of years of schooling anticipated to attain these goals.** (Your written statement is very important in the scholarship award decision.)

- List and give dates of all academic achievements, activities, civic honors, awards, &/or work experiences you have received/participated in during high school. Be sure to include leadership roles, if applicable. Make additional copies if needed.**

Circle Grade Level Below	Activity/Award <small>(ex: Student of the Month, Sept. 2019) (ex: Greyhound Varsity Football, quarterback, Lettered 10, 11 & 12 grades) (ex: Part time Employee-drive through order taker)</small>	Group/Team <small>(ex: Lunchtime Lions Club) (ex: Team Captain) (ex: McDonald's of Chambersburg)</small>
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3. *List in order of Personal Preference - the names of academic institutions to which you have applied & the name of the program or degree anticipated. Indicate if you have been accepted; rejected or pending acceptance into their program.*

Name of Academic Institution	Degree Anticipated	Accepted; Rejected; Pending Acceptance?
1		
2		
3		

4. *List all other scholarships you have applied for.*

Scholarship Name	Received	Dollar Amount
	___ YES ___ NO ___ PENDING	\$
	___ YES ___ NO ___ PENDING	\$
	___ YES ___ NO ___ PENDING	\$
	___ YES ___ NO ___ PENDING	\$

5. *Using the chart below, itemize your anticipated annual expenses:*

Category	Estimated Cost
Tuition	\$
Room and Board	\$
Textbooks	\$
Transportation	\$
Other (list)	\$
TOTAL	\$

6. *Please estimate the Gross Annual Income (before taxes) for 2024:*

FAMILY (combined income of mother, father & applicant) \$	APPLICANT \$
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7. *Did you complete FAFSA? If so, what is the Applicant's Estimated Family Contribution (EFC), after completing FAFSA:*

___ YES ___ NO ___ PENDING	My FAFSA Estimated Family Contribution (EFC) is \$
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Mail completed applications to **Franklin County Government Attn: Human Resources Dept.**
272 North Second Street, Chambersburg, PA 17201 or via email: hr@franklincountypa.gov

www.franklincountypa.gov

(717)261-3150

Application for Nursing Scholarship (revised Dec. 2023)



Franklin County Government

2024 Nursing Scholarship

STUDENT APPLICATION

Applicant Name:

Please utilize this page if more space is needed to answer previous pages. Otherwise, this page has been intentionally left blank.



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2024 Nursing Scholarship

STUDENT APPLICATION

Applicant Name:	<i>Guidance Submission Page 1 of 3</i>
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NURSING SCHOLARSHIP REFERENCE

TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR

Name of High School:		
Street Address:		
City:	State:	Zip:
Applicant's Career Goals:		
H.S. Graduation Date:	Cumulative Class Rank:	
Cumulative GPA:	Total H.S. Class Size:	

Attendance Information:

Current School Year:	# Days Absent:	# Days Tardy:
Previous School Year:	# Days Absent:	# Days Tardy:

Test Score Information:

SAT:	Reading:	Math:	Writing:	Date:
	Reading:	Math:	Writing:	Date:
	Reading:	Math:	Writing:	Date:
ACT:	Composite:		Date:	

The above listed student is applying for a scholarship toward higher education in the field of Nursing. Please assist by providing the following information, in addition to an **Official High School Transcript**.

1. Describe your relationship with this applicant.



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STUDENT APPLICATION

Applicant Name:

Guidance Submission

Page 2 of 3

2. Please answer the following as they relate to your knowledge of the applicant and his/her aptitude for a health career program:

A. Describe the applicant's level of maturity-reliability, ability to deal with new situations, etc.

B. Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, determination, promptness, accuracy, etc.

C. Why do you feel this applicant would be successful in the health care field?



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STUDENT APPLICATION

Applicant Name:

Guidance Submission

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D. Give any personal comments that would further describe the applicant, his/her character, personality, attitude, etc.

The information I provided is accurate and true, to the best of my knowledge.

H.S. Guidance Counselor Signature :	Printed Name:
Email Address:	Phone Number:

GUIDANCE SUBMISSION: Applications are to be completed and returned to the applicant in a sealed envelope, along with an official copy of the student's transcript.

Deadline for the applicant's completed application to be considered, it must be received by Franklin County Government Human Resources by 4:30 PM, by Friday, March 22, 2024 in its entirety.

Your help in providing this information is greatly appreciated. If you have any questions concerning this reference form, please contact Franklin County Human Resources at 717-261-3150, x 21112, between the hours of 8:30AM - 4:30 PM.

Thank You!



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STUDENT APPLICATION

NURSING SCHOLARSHIP REFERENCE

(Applicant should complete the highlighted portions only)

First Reference Submission

Page 1 of 3

Applicant's First Name:	Last Name:	Middle:
Phone Number:	Email Address:	
Street Address:		
City:	State:	Zip:
Applicant's Career Goals:		

**THE FOLLOWING IS TO BE COMPLETED BY AN ADULT WHOM YOU BELIEVE
WILL PROVIDE A POSITIVE RECOMMENDATION**

The above listed student is applying for a scholarship toward higher education in the field of Nursing. Please assist by providing the following information:

1. Describe your relationship with this applicant.
2. Please answer the following as they relate to your knowledge of the applicant and his/her aptitude for a health career program:
 - A. Describe the applicant's level of maturity-reliability, ability to deal with new situations, etc.



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STUDENT APPLICATION

Applicant Name:

First Reference Submission

Page 2 of 3

B. Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, determination, promptness, accuracy, etc.

C. Why do you feel this applicant would be successful in the health care field?



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STUDENT APPLICATION

Applicant Name:

First Reference Submission

Page 3 of 3

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Email Address:	Phone Number:

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NURSING SCHOLARSHIP REFERENCE

Second Reference Submission

(Applicant should complete the highlighted portions only)

Page 1 of 3

Applicant's First Name:	Last Name:	Middle:
Phone Number:	Email Address:	
Street Address:		
City:	State:	Zip:
Applicant's Career Goals:		

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2. Please answer the following as they relate to your knowledge of the applicant and his/her aptitude for a health career program:

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STUDENT APPLICATION

Applicant Name:

Second Reference Submission

Page 2 of 3

B. Assess the applicant's approach to academic life. Indicate initiative, conscientiousness, determination, promptness, accuracy, etc....

C. Why do you feel this applicant would be successful in the health care field?



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