



Franklin County Government

2026 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 2025 Gross Annual Income:	Mother / Legal Guardian's 2025 Gross Annual Income:
Applicants' 2025 Gross Annual Income:	Applicants' 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)
Applicant Name:				

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



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1. 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.)

2. 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. Attach or make additional copies if needed.

Circle Grade Level Below	Activity/Award (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)	Group/Team (ex: Lunchtime Lions Club) (ex: Team Captain) (ex: McDonald's of Chambersburg)
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3. List of all community involvement (e.g., church, shelter, healthcare volunteering). Clearly articulate your contributions, in the provided space or on an additional document to provide specifics, such as hours committed and skills gained.

4. Briefly list, in order of personal preference, the names of the academic institutions to which you have applied and the anticipated program or degree. Indicate whether you have been accepted, rejected, or if your application is pending, and attach any relevant documentation.

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

5. 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	\$



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

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

7. Please estimate the Gross Annual Income (before taxes) for 2025:

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

<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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 by **March 27, 2026**.

Applicant Name:



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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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Applicant Name:

Guidance Submission

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NURSING SCHOLARSHIP REFERENCE

TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR

Name of High School:

Street Address:

City:

State:

Zip:

Applicants' 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 (Optional):

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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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.



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

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 27, 2026, 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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Applicant Name:

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NURSING SCHOLARSHIP REFERENCE

(Applicants 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:
Applicants' 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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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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NURSING SCHOLARSHIP REFERENCE

(Applicants should complete the highlighted portions only)

Second Reference Submission

Page 1 of 3

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

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

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