



2018 DICK GRAHAM SCHOLARSHIP APPLICATION
Augusta Health
P.O. Box 1000
Fishersville, VA 22939
(540) 332-4976 – Community Outreach Department

Please complete all sections of the application and email it to the Community Outreach Office at kmoyers@augustahealth.com by Friday, June 1, 2018.

I. General Information:

1. Name _____ Birth Date _____

2. Contact Information

Street Address or RFD: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Day Phone: _____

E-Mail: _____

3. Name of college or university you plan to attend _____

4. Date of school term in which you plan to enroll _____

5. Intended occupation after completion of education _____

6. Are you, your spouse or parent a current Augusta Health employee? Please list name, position, dates of service and relationship to applicant.

7. Father's occupation (if applicable) _____

Employer _____

Mother's occupation (if applicable) _____

Employer _____

3. Miscellaneous - any additional data to support need or worthiness:

III. Personal Letter:

With the completed application, please attach a typed, personal letter not longer than one 8 1/2 x 11- inch page, describing your future plans and scholarship need.

IV. Permission Statement:

The above information is true and correct and I hereby authorize a representative from the Community Partnership Committee to obtain information pertaining to my academic or work record or to verify any information included in this application.

Applicant's Signature

Date