

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.

	eral Information: Name	Birth Da	ate			
	Contact Information					
	Street Address or RFD:					
	City:	State:	Zip:			
	Home Phone:	Day Phone:				
	E-Mail:					
3.	Name of college or university	y 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 pare dates of service and relations		ployee? Please list name, position			
7.	Father's occupation (if applic	able)				
	Emp	oloyer				
	Mother's occupation (if appli	cable)				

Employer _____

8.	Number of children in family (if applicable)		Ages				
9.	Applicant's school history (High School & Above)	Dates	Dates Attended		Date of Graduation (or expected date)		
	·	From		to			
		From		to			
		From		to			
10.	Augusta Health Dick Graham Scholarsh	sta Health Co					
Individual Accomplishments: (If more space is needed for any of these items, attach a							
1.	Community and work, school activities	5		Loadorchir	Docitions Hold/		
	Organization:	Dates:			ge for Employment:		
	<u> </u>						
2.	Honors and awards						
	Honor/Award:			Da	te Received:		
	9. 10. Indivi	9. Applicant's school history (High School & Above) 10. An official transcript is required. Pleas Augusta Health Dick Graham Scholarsh Outreach Department, P. O. Box 1000, Individual Accomplishments: (If more space 1. Community and work, school activities Organization:	9. Applicant's school history (High School & Above) ———————————————————————————————————	9. Applicant's school history (High School & Above)	9. Applicant's school history (High School & Above) Dates Attended From		

	3.	Miscellaneous - any additional da	ata to support need or worthiness:				
III.	With t		etter: ompleted application, please attach a typed, personal letter not longer than one 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.						
	Applic	ant's Signature	 Date				