



Dick Graham Scholarship Financial Aid Worksheet (FAW)

Please complete the worksheet below based on information from your Free Application for Federal Student Aid (FAFSA) and return it to the *Augusta Health Dick Graham Scholarship Committee* by June 1, 2018.

Your application is not complete and will not be considered by the Scholarship Committee without this information.

The following costs are based on: full time enrollment status.

Cost of Attendance		\$ _____
Anticipated aid from federal grant	\$ _____	
Anticipated aid from state grants	\$ _____	
Anticipated aid from college/institution	\$ _____	
Anticipated aid from outside scholarships	\$ _____	
Anticipated aid from loans	\$ _____	
Expected Family Contribution		\$ _____

Please note: If you are selected as a scholarship recipient, you will be required to submit an official copy of your FAFSA.

Please list the academic year for which this information is based: _____

Comments (if any):

Signed: _____

Date: _____

Please mail or email completed worksheet to: Augusta Health Dick Graham Scholarship Committee, Augusta Health Community Outreach Department, Attention: P. O. Box 1000, Fishersville, VA 22939; Phone: 540-332-4976; Email: kmoyers@augustahealth.com

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