

2019 DICK GRAHAM SCHOLARSHIP APPLICATION
 Augusta Health
 64 Sports Medicine Drive
 P.O. Box 1000
 Fishersville, VA 22939
 (540) 332-4190 – Community Outreach Department

Please complete all sections of the application and email it to Emily Campbell in the Community Outreach Office at ecampbell3@augustahealth.com by April 1, 2019.

I. General Information:

1. Name _____ Birth Date _____

2. Contact Information

 (Street Address or RFD)

 (City)

_____ (State) _____ (Zip)

_____ (Home Phone) _____ (Day Phone)

 (E-Mail)

3. College, University, Vocational School or other Institution you plan to attend

4. Date of school term which you will enroll _____

5. Intended occupation after completion of education _____

6. Name of current Augusta Health employee(s). Please list name, relationship to applicant, position, and dates of service at Augusta Health.



7. Father's occupation (if applicable) _____ Employer _____
Mother's occupation (if applicable) _____ Employer _____

8. Number of children in family (if applicable) _____ Ages _____

9. Applicant's school history (High School & Above)	Dates Attended	Date of Graduation (or expected date)
_____	From _____ to _____	_____
_____	From _____ to _____	_____
_____	From _____ to _____	_____

10. Please complete Financial Aid Worksheet.

II. Individual Accomplishments: (If more space is needed for any of these items, attach additional page).

1. Community and work, school activities

Organizations:	Dates:	Leadership Positions Held/Hourly Wage for Employment
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