



2019 Dick Graham Scholarship Renewal Application
Augusta Health
P.O. Box 1000
Fishersville, VA 22939
(540) 332-4190- Community Outreach Department

The scholarship is renewable annually for an additional three years as long as the following criteria are met:

- A minimum 2.5 cumulative GPA (with verification by submission of an official transcript)
- Enrollment as a full-time student (completing at least 12 academic credits each semester)
- Submission of a declaration of financial need
- Awardee or awardee's relative maintains employment at Augusta Health during the scholarship period

Please complete all sections of the renewal application and email it to the Community Outreach Office at ecampbell3@augustahealth.com by June 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. Name of college or university you are attending

4. Intended college major _____

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. An official transcript is required. Please have your college or university send the transcript to: Augusta Health Scholarship Subcommittee, Augusta Health Community Outreach Department, P.O. Box 1000, Fishersville, VA 22939. The awardee must maintain a minimum 2.5 cumulative GPA (with verification by submission of an official transcript) and must be enrolled as a full-time student (completing at least 12 academic credits each semester).

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

1. Community, work and college activities:

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