



2019 KENT-HOLBERT SCHOLARSHIP APPLICATION
Augusta Health
P.O. Box 1000
Fishersville, VA 22939
(540) 932-4190 – Community Outreach Department

Please complete all sections of the application and email it to 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. Name of college or university you plan to attend

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

5. Intended College Major _____

6. Intended occupation after completion of education _____

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

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

9. An official transcript is required. Please have your high school send the transcript to:
 Augusta Health Scholarship Subcommittee, Augusta Health Community
 Outreach Department, P. O. Box 1000, Fishersville, VA 22939.

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

2. Honors and awards

Honor/Award: Date Received:

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