

# Davis Health System Foundation Scholarship Application

Your completion of this application will make you eligible to compete for \$1,000 in Scholarship funding from Davis Health System.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

ACT or SAT Score: \_\_\_\_\_ ACT: ENG \_\_\_\_\_ MATH \_\_\_\_\_

READING \_\_\_\_\_ SCIENCE \_\_\_\_\_

Please Circle: (Currently enrolled in) High School College Vocational Training

Career Goal : \_\_\_\_\_

Name/address of institution(s) to which you have been accepted: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Name and Address of Parent or Guardian: \_\_\_\_\_

Names of two (2) persons who are submitting letters of recommendation  
(See DHS Scholarship Guideline #3.a.):

	Name	Occupation	Town	State	Telephone
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

Checklist:

- Application
- Essay
- Transcript(s)
- Letters of Recommendation
- Community and school activities list
- Volunteer Hours or Service if applicable

Submit application and supporting documentation to:

Davis Health System Foundation  
Attn: Scholarship Committee  
PO Box 1188  
Elkins, WV 26241

***Incomplete Applications will not be considered***

**Deadline: April 6, 2026**

Questions?

Please call the DHS Foundation office at 304-630-3043.