

Davis Health System Scholarship Application

Your completion of this application will make you eligible to compete for over \$5,000 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.	_____	_____	_____	_____	_____
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Checklist:

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

Incomplete Applications will not be considered

Submit application and supporting documentation to:

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

Deadline: March 22, 2024

Questions: Please call 304-630-3043.