

# Dr. Mason Todd Corder Memorial Scholarship Application

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

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

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Dates of Residence in WV: \_\_\_\_\_

Class in high school or college or training school; \_\_\_\_\_

Type of degree or certificate to be pursued \_\_\_\_\_ in the field of \_\_\_\_\_

Number of months/years required for training \_\_\_\_\_

Name and address of institution to which you have been accepted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

Names of three (3) persons who are submitting letters of recommendation (See governing Rule #4a):

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

Family Income:

Please check the category below which properly illustrates total family income per year:

Under \$10,000    \$10,000-\$20,000    \$20,000-\$50,000    \$50,000-\$75,000    \$75,000 and above

Please indicate the number of dependent children in your family: \_\_\_\_\_

**Submit application with supporting documentation as described in the "Rules Governing the Dr. Mason Todd Corder Memorial Scholarship" to:**

**Davis Health System Foundation  
Attn: Dan Bucher  
P. O. Box 1188  
Elkins, WV 26241**

**Deadline: March 31<sup>st</sup>, 2010**