

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 31st, 2011