

## Davis Health System Scholarship Program Guidelines

1. The recipient must be a resident of Randolph, Barbour, Tucker, Pocahontas, Webster or Upshur Counties in West Virginia and merit support for training beyond the high school level in health related post-secondary training program.
2. Scholarships will be granted to one or more students entering a two or four-year college program or pursuing a certification in the healthcare field. Consideration may be given to past recipients if merited. The award will be made directly to the student to offset the student's educational expenses (books, room, board, etc.).
3. The applicant shall submit the following materials, in addition to the application form, by March 31, 2023.
  - a. Three (3) letters of recommendations:
    - Two from a teacher, professor, or supervisor.
    - One from a community member (not a relative).
  - b. An official high school transcript and transcript of any college credits acquired to date. Include a list of current semester classes.
  - c. A list of high school, work-related, an/or community activities. (Include cheerleading, volunteer activities or any career/internship services.)
  - d. A typed essay of 250-500 words outlining how the applicant became interested in health-related Career.
    - Outline educational and career goals, and any personal or career-related experiences, attributes, or family situations that would help the selection committee when considering him or her for these awards.

### Criteria:

Criteria for judging the applicant will be based on the following:

- a. ACT/SAT Score
- b. Extracurricular and/or community activities
- c. Be a resident of Randolph, Barbour, Tucker, Pocahontas, Webster, or Upshur County at time of application
- d. Demonstrate a sincere desire and ability to attain a post-secondary certificate or degree in the healthcare field.

Finalists will be notified and interviewed by the respective scholarship selection committees beginning April 7, 2023.

**Please send the application with attachments to:**      **Davis Health System Foundation**  
**Attn: Scholarship Committee**  
**P. O. Box 1188**  
**Elkins, WV 26241**

**Deadline: March 31, 2023**

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

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

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 31, 2022

Questions: Please call 304-630-3043.