



Dear Senior:

In honor of Mr. Ed Hill, a long-time Johnston Memorial Hospital physical therapist and an active community advocate of high school athletics, the hospital will award a one-time \$1000 grant to a college-bound senior from each of the Washington County high schools. To be a candidate for the award, you must have excelled in both academics and athletics during your high school career.

To apply, please follow these steps:

1. **Complete & Sign Application**
2. **Letter of Recommendation:** Ask one individual (teacher, coach, counselor, school official, or community member) to write a letter of recommendation for you. Please have the individual enclose the letter in an envelope and sign their name across the seal.
3. **Photo & Photo Release:** Please provide a photo of yourself (headshot) which is labeled with your full name and return it with your signed photo release.
4. **Please include all documents in one envelope** (forms delivered separately will not be considered) and return by **Wednesday, April 19, 2017** to:

Shannon Helton-Amos
Marketing & Communications
Johnston Memorial Hospital
16000 Johnston Memorial Drive
Abingdon, VA 24211
276-258-4561 (*office*)
276-258-4565 (*fax*)

Award recipients will be recognized during a senior achievement ceremony or graduation. If you have any questions or need assistance, please contact Shannon Helton-Amos or your Guidance Counselor.



STUDENT ATHLETE AWARD APPLICATION

Name: _____
Last First Middle

Address: _____
Street City State Zip code

Phone: _____ E-mail: _____

High School: _____ GPA: _____ Rank: _____

College (s) of interest: _____

Intended Academic Major: _____

ACADEMIC & SCHOOL ACTIVITIES

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

ATHLETIC ACTIVITIES

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



COMMUNITY, CHURCH, & VOLUNTEER ACTIVITIES

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

MISCELLANEOUS INFORMATION

(Copies of additional information may be attached)

***Don't forget to include the following items in your application packet:**

- Completed Application
- Sealed Letter of Recommendation
- Labeled Photo
- Photo Release

STUDENT SIGNATURE:

I certify the information included is true and complete to the best of my knowledge. I understand that incomplete or false information may cause my application to be disqualified.

Signature: _____ **Date:** _____



PERMISSION FOR PHOTO RELEASE

If selected as a recipient of the Student Athlete Award, I, _____, grant permission to Johnston Memorial Hospital to include the enclosed photograph, along with any information provided in my scholarship application, in a press release which will be distributed to the media.

Signature: _____ Date: _____

Signature: _____ Date: _____
(Parent or Guardian if under the age of 18)

SEND APPLICATION PACKETS NO LATER THAN APRIL 19, 2017 TO:

Shannon Helton-Amos
Marketing & Communications Coordinator
Johnston Memorial Hospital
16000 Johnston Memorial Drive
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