

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. **Please include all documents in one envelope** (forms delivered separately will not be considered).

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

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:** _____

**SEND APPLICATION PACKETS NO LATER THAN APRIL
13th, 2018 TO:**

Melvena Counts
Executive Assistant
Johnston Memorial Hospital
16000 Johnston Memorial Drive
Abingdon, VA 24211
276-258-2800 (*office*)
276-258-2805 (*fax*)