

## Employees' Family Scholarship Fund Application

*PLEASE NOTE BACK PAGE*

- All grants are based on a reimbursement basis up to \$500.
- Applications will be accepted within 3 months of having completed the course(s) of study
- THS Employees with 3 years minimum full-time employment are eligible.
- Application is for a one-time grant award for college assistance.
- Applicable to children or grandchildren of employee. Definition of child/grandchild:
  - ⇒ Any natural or legally adopted child or grandchild of a THS employee
  - ⇒ Any stepchild/grand-stepchild of a THS employee residing with the employee on a permanent basis.

EMPLOYEE INFORMATION	
NAME (FIRST, LAST):	EMPLOYEE OF: TMH ___ SFH ___ THSPP ___
ADDRESS:	DEPARTMENT:
CITY/STATE/ZIP:	TITLE/POSITION:
PHONE (WORK):                      HOME/CELL:	YEARS EMPLOYEED:
EMAIL:	CURRENT STATUS: FULL-TIME ___ PART-TIME ___
STUDENT INFORMATION	
NAME (FIRST, LAST):	EMPLOYEE OF: TMH ___ SFH ___ THSPP ___
RELATIONSHIP TO EMPLOYEE:	DEPARTMENT:
CITY/STATE/ZIP:	TITLE/POSITION:
PHONE (WORK):                      HOME/CELL:	YEARS EMPLOYEED:
EMAIL:	CURRENT STATUS: FULL-TIME ___ PART-TIME ___
COURSE INFORMATION	
COURSE/SEMINAR NAME:	SEMESTER START DATE (MM/DD/YY):
SCHOOL/UNIVERSITY NAME:	SEMESTER COMPLETION DATE (MM/DD/YY):
YEAR OF STUDY: 1 ___ 2 ___ 3 ___ 4 ___	DEGREE TYPE:
TOTAL COST PER SEMESTER OR SEMINAR (INCLUDE BOOKS): \$	
OTHER GRANTS RECEIVED OR TO BE RECEIVED:	
SOURCE: _____	\$ _____
SOURCE: _____	\$ _____
SOURCE: _____	\$ _____
SOURCE: _____	\$ _____
AMOUNT REQUESTED FROM THE FOUNDATION (Up to \$500): \$	

**ALL RECEIPTS AND/OR INVOICES MUST BE ATTACHED BEFORE THE APPLICATION WILL BE CONSIDERED FOR APPROVAL.**

**CHECK INFORMATION PLEASE NOTE: SIGNATURE REQUIRED**
**CHECK SHOULD BE MADE PAYABLE TO:**
**RELATIONSHIP TO STUDENT:**
**SIGNATURE OF APPLICANT (EMPLOYEE):**
**FORM RETURN INFORMATION**
**MAIL:**

**Thomas Health Foundation**  
**4605 MacCorkle Avenue, S.W.**  
**South Charleston, WV 25309**

**EMAIL:**
**Foundation@ThomasHealth.org**
**FAX:**
**(304) 766-4479**
**TO BE COMPLETED BY FOUNDATION OFFICE**
**TUITION AND BOOK RECEIPTS FOR THIS SEMESTER ATTACHED: Y \_\_\_ N \_\_\_**
**TRANSCRIPT OF GRADES FOR THIS SEMESTER ATTACHED: Y \_\_\_ N \_\_\_ FIRST TIME APPLICANT FOR APPLYING SEMINAR \_\_\_**
**IF REINBURSEMENT, TRANSCRIPT OF GRADES FOR THAT SEMESTER ATTACHED: Y \_\_\_ N \_\_\_**
**EMPLOYEE SIGNATURE WHEN CHECK IS RECEIVED:**
**DATE CHECK RECEIVED:**
**AMOUNT OF CHECK:**
**ADDITIONAL INFORMATION TO NOTE**
**IN ORDER TO BE ELIGIBLE FOR THE ONE-TIME AWARD, APPLICANTS MUST MEET THE FOLLOWING CRITERIA:**

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