

## WVUMC Youth Scholarship Request

Name of Youth: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Event for which scholarship is being asked: \_\_\_\_\_

Dates: \_\_\_\_\_

Total cost of the event: \_\_\_\_\_

Amount of scholarship requested: \_\_\_\_\_

Please download, edit and save this form. Then email the completed form to:

SJAMES@WVUMC.ORG **AND** KTHAXTON@WVUMC.ORG OR FAX TO 304-344-2871

---

### For Office Use Only

Received on:

Amount of scholarship granted:

Approved by:

Date Approved: