



PATRICIA CUMMINGS WELLNESS SCHOLARSHIP

SCHOLARSHIP APPLICATION

EMPLOYEE INFORMATION			
NAME:		DATE:	
TITLE:			
HOME DEPARTMENT:			
SUPERVISOR:			
HIRE DATE:		FULL OR PART TIME:	
SCHOLARSHIP DETAILS			
REASON: <i>Check one</i>	____ SELF CARE ____ OTHER IF OTHER, PLEASE EXPLAIN:		
ACTIVITY: <i>Check one</i>	____ PURCHASE A BOOK ____ ART CLASS ____ GROUP MEETING ____ GYM MEMBERSHIP ____ MASSAGE ____ PAID TIME OFF ____ SPINNING CLASS ____ YOGA ____ OTHER IF OTHER, PLEASE EXPLAIN:		
COST OF ACTIVITY:		FREQUENCY:	TOTAL COST:
COMMENTS: <i>Brief narrative describing why you work for VOA and how this will help your personal wellness</i>			
AUTHORIZATIONS			
SUPERVISORS NAME:		PLEASE CHECK BELOW:	
VP OF PROGRAM		____ APPROVED ____ NOT APPROVED - <i>provide reason:</i>	
VP OF HUMAN RESOURCES			