CENTENNIAL MENTAL HEALTH CENTER, INC.

211 West Main Street * Sterling * CO 80751

October 21, 2013

Dear Community Member:

In an effort to raise awareness of career opportunities in the mental health field to members of our communities, Centennial Mental Health Center is pleased to offer its seventh annual Future Mental Health Professional Scholarship Program. The program consists of \$500 - \$2,000 per year awards. The successful applicants will be selected based on the following criteria:

- o No age limit, non-traditional students are also encouraged to apply
- o Graduate from High School or GED program any time before but by Summer 2014
- United States citizen or legal immigrant
- Permanent address must reside in Centennial's ten county catchment area (Phillips, Sedgwick, Logan, Morgan, Washington, Yuma, Elbert, Lincoln, Cheyenne Wells, Kit Carson)
- o Intent to complete minimum of a bachelor degree in a behavioral health related field (psychology, sociology, counseling, etc)
- Submittal of an application, transcript(s), two letters of recommendation, and a 500-750 word essay
- o Academic achievement, aptitude, and community service
- Amounts coordinate with full time enrollment (12+ credit hours per semester). Awards will be prorated based on student's actual enrollment.

Applications should be postmarked no later than March 14, 2014 and sent to:

Centennial Mental Health Center Attn: Kassidy Clouse 211 West Main St. Sterling, CO 80751

Applications are available at www.centennialmhc.org or by contacting kassidyc@centennialmhc.org. A hard copy of the official application is enclosed, please feel free to make copies as necessary. Please contact Kassidy Clouse, 970-522-4549 x279 or kassidyc@centennialmhc.org with any questions.

Sincerely.

Kassidy Clouse

Human Resources Manager



Centennial Mental Health Center, Inc.

Application for Collegiate Scholarship

Associations/Offices Held

List	school	, professional,	business,	or civic	associations	and ar	ny offices	held.
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Organization	Office	Office Held				
				Years		
Employment History	,					
Employer						
	Address					
Dates Employed Fron	n To	0	(Month and Year)			
Summarize Duties			(Month and Tear)			
Employer		Job Title				
	Address					
Dates Employed From			(NA 41 - 1) /)			
Summarize Duties		10		(Month and Year)		
Employer		Job Title				
Phone		30b Title				
Dates Employed From	-			(Month and Van)		
Summarize Duties				(Month and Year)		
Additional Information		consider				
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Applicant ID #_____

Centennial Mental Health Center, Inc.

Application for Collegiate Scholarship

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Information to Submit								
☐ Signed and Completed App	Signed and Completed Application							
☐ High School Transcripts or	proof of GED							
College Transcripts (if alrea	dy enrolled in college)							
Two letters of recommenda	tion from professional or educational contac	ets						
	500-750 word essay on one of the following topics: Winning essays will show an understanding of Mental Health and Mental Health treatment							
o The stigma of mental heo How mental health impao The role you would like								
Criteria for Application								
 o Applicant must have graduate o Applicant must be a United S o Applicant's permanent addres o Applicant must intend to com 	etudents are also encouraged to apply ed high school or obtained their GED anytin tates citizen or legal immigrant ass must reside in Centennial's catchment ar plete a bachelor degree in a mental health i ude, and community service of the applican	ea related field						
Authorizations								
apply for a scholarship from Mental Health Center, its age contained in the application to other entity. I agree to allow	n is true and correct to the best of my kn Centennial Mental Health Center. I herek nts, employees, or designees to contact by contact with any individual, governme the school to send a copy of each quarte Center. I fully understand that compliand ular basis.	by consent for Centennial and verify any information ent, educational institution, or er's (or semester's) transcripts						
Applicant Printed Name								
Applicant Signature								
l agree to allow my	ຼessay, and/or_ picture to be publishe γ local newspaper.	d in Centennial Mental Health						
☐ I intend to return to a rural a stated degree.	area in Centennial Mental Health Center's ca	atchment area after obtaining my						
Applicant Signature		Date						
Electronic Version Available at www.centennialmhc.org	Submit this application with the require by March 14, 2014. Must be postmarked							
	Fax: 970-522-4211 Mail: Centennial Mental Health Center, Inc.							

Please call 970-522-4549x279 with any questions and to confirm receipt.

Applicant ID #______

211 West Main Street Sterling, CO 80751