CENTENNIAL MENTAL HEALTH CENTER, INC.

211 West Main Street * Sterling * CO 80751

October 28, 2014

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 8th 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 2015
- o 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 13, 2015 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.

Singerely.

Kassidy Clouse

Human Resources Manager



Centennial Mental Health Center, Inc.

Application for Collegiate Scholarship **Applicant Information** First Name _____ MI ___ Last Name ____ Home Address Mailing Address _____ City, State, ZIP E-mail Address Home Phone Mobile ______ Other Best Time to Call _____ Date of Birth Social Security Number Male Female Are you a US citizen? Yes No Please check the county group in which your permanent residence is located: □ Elbert □ Lincoln Phillips ☐ Sedgwick Morgan □ Washington □ Yuma □ Cheyenne □ Kit Carson How did you find out about this scholarship? **Parental Information** First Name _____ Last Name Mother Father First Name _____ Last Name School Information High School/GED Are you currently attending high school? ----- Yes No Name of School Address City, State, ZIP Date diploma was/will be attained Current or Graduating GPA __ College Attending/Applied to Are you currently attending college? ----- Yes Name of School (Where payment should be sent) Address City, State, ZIP Intended Major Intended Degree Associate Transfer to Bachelor Bachelor Master

Make a brief statement of your plans as they relate to your educational and career, objectives.

Applicant ID#

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Centennial Mental Health Center, Inc.

Application for Collegiate Scholarship

Associations/Offices Held

List school, professional, business, or civic associations and any offices held.

Organization		Office Hel	d		Years
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Additional Information					
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Applicant ID #_

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Centennial Mental Health Center, Inc.

Application for Collegiate Scholarship

Information to Submit	
☐ Signed and Completed Ap	plication
High School Transcripts or	r proof of GED
College Transcripts (if alre	ady enrolled in college)
	ation from professional or educational contacts
☐ 500-750 word essay on on	ne of the following topics:
Winning essays will show an a	understanding of Mental Health and Mental Health treatment
o The stigma of mental h	
o How mental health imp	acts a community
	to play in the future of mental health
Criteria for Application	
O No age limit, non-traditional	students are also encouraged to apply
• Applicant must have gradual • Applicant must be a United S	ted high school or obtained their GED ANYTIME before, but by Summer 2015 States citizen or legal immigrant
 Applicant's permanent addre 	ess must reside in Centennial's catchment area
 Applicant must intend to con 	nplete a bachelor degree in a mental health related field
o Academic achievement, apti	tude, and community service of the applicant will be considered
Authorizations	
contained in the application other entity. I agree to allow	Centennial Mental Health Center. I hereby consent for Centennial ents, employees, or designees to contact and verify any information by contact with any individual, government, educational institution, or the school to send a copy of each quarter's (or semester's) transcripts Center. I fully understand that compliance in this matter is necessary
Applicant Printed Name	uidi basis.
Applicant Signature	D.4
-	Date
l agree to allow my	ຼessay, and/or picture to be published in Centennial Mental Health y local newspaper.
I intend to return to a rural a stated degree.	area in Centennial Mental Health Center's catchment area after obtaining my
Applicant Signature	Date
Electronic Version Available at	Submit this application with the required documentation
www.centennialmhc.org	by March 13, 2015. Must be postmarked by this date.
	Fax: 970-522-4211 Mail: Centennial Mental Health Center, Inc. Attn: Kassidy Clouse 211 West Main Street Sterling, CO 80751
The Park Personal Park	Please call 970-522-4549x279 with any questions and to
	confirm receipt.

confirm receipt.

Applicant ID #____

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