



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:

Logan Elbert Lincoln Phillips Sedgwick
Morgan Washington Yuma Cheyenne Kit Carson

How did you find out about this scholarship?

Parental Information

Parent 1 First Name Last Name
Parent 2 First Name Last Name
First Name Last Name
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 No
Name of School
(Where payment should be sent)
Address
City, State, ZIP
Intended Major
Intended Degree Associate Transfer to Bachelor Bachelor Master



**Associations/Offices Held**

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

Organization	Office Held	Years

**Employment History**

-----

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Address \_\_\_\_\_  
 Dates Employed From \_\_\_\_\_ To \_\_\_\_\_ (Month and Year)  
 Summarize Duties

-----

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Address \_\_\_\_\_  
 Dates Employed From \_\_\_\_\_ To \_\_\_\_\_ (Month and Year)  
 Summarize Duties

-----

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Address \_\_\_\_\_  
 Dates Employed From \_\_\_\_\_ To \_\_\_\_\_ (Month and Year)  
 Summarize Duties

-----

**Additional Information**

List any pertinent information you would like us to consider.

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



**Information to Submit**

- Signed and Completed Application
- High School Transcripts or proof of GED
- College Transcripts (if already enrolled in college)
- Two letters of recommendation from professional or educational contacts
- 500-750 word essay on one of the following topics:
  - Winning essays will show an understanding of Mental Health and Mental Health treatment
  - The stigma of mental health
  - How mental health impacts a community
  - The role you would like to play in the future of mental health

**Criteria for Application**

- No age limit, non-traditional students are also encouraged to apply
- Applicant must have graduated high school or obtained their GED **ANYTIME** before, but by Summer 2023
- Applicant must be a United States citizen or legal immigrant
- Applicant's permanent address must reside in Centennial's catchment area
- Applicant must intend to complete a bachelor degree in a mental health related field
- Academic achievement, aptitude, and community service of the applicant will be considered
- Applicant must intended to return to a rural area in CMHC's catchment area after obtaining their stated degree.

**Authorizations:**

**I certify the above information is true and correct to the best of my knowledge and belief. I hereby apply for a scholarship from Centennial Mental Health Center. I hereby consent for Centennial Mental Health Center, its agents, employees, or designees to contact and verify any information contained in the application by contact with any individual, government, educational institution, or other entity. I agree to allow the school to send a copy of each quarter's (or semester's) transcripts to Centennial Mental Health Center. I fully understand that compliance in this matter is necessary for funds to be paid on a regular basis.**

Applicant Printed Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**I agree to allow my  name,  essay, and/or  picture to be published in Centennial Mental Health Center's newsletter and in my local newspaper.**

I intend to return to a rural area in Centennial Mental Health Center's catchment area after obtaining my stated degree.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit this application with the required documentation by March 10, 2023. Must be postmarked by this date.**

Electronic Version Available at  
www.centennialmhc.org

**Fax: 970-522-4211**  
**Mail: Centennial Mental Health Center, Inc.**  
**Attn: Sharon Greenman**  
**211 West Main Street**  
**Sterling, CO 80751**

**Please call 970-522-4549 x3057 with any questions.**