



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 _____

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 Dates Employed From _____ To _____ (Month and Year)
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 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
 - o The stigma of mental health
 - o How mental health impacts a community
 - o The role you would like to play in the future of mental health

Criteria for Application

- o No age limit, non-traditional students are also encouraged to apply
- o Applicant must have graduated high school or obtained their GED **ANYTIME** before, but by Summer 2024
- o Applicant must be a United States citizen or legal immigrant
- o Applicant's permanent address must reside in Centennial's catchment area
- o Applicant must intend to complete a bachelor degree in a mental health related field
- o Academic achievement, aptitude, and community service of the applicant will be considered
- o 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 8, 2024.
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.