



Mounting Hope Village, Inc.
P.O Box 170522
Atlanta, GA 30317

Mounting Hope Village 2016 Scholarship Application

Scholarship Criteria

A scholarship will be awarded to a high school senior who:

- Has been diagnosed, or has an immediate family member that has been diagnosed with a mental illness and he/she also:
- Has an overall GPA of 3.5 or above.
- Has a part-time job and/or is involved in an extracurricular activity.
- Has applied and awaiting acceptance or has been accepted to an accredited University.

How To Apply

1. Submit the **completed scholarship application** and **copy of high school transcript** along with **an essay of at least 1000 words** on how your mental illness or immediate family member's mental illness has affected you and you have managed to be successful in spite of this issue.
2. Submit one letter of recommendation from non-relatives describing your character why you deserve this award.
3. Submit one letter of recommendation from your or your immediate family member's mental illness healthcare team describing why you deserve this award. (*Healthcare team member includes therapists, psychiatrists, counselor, or any certified practitioner who is directly involved in the mental health care of the patient with mental illness.*)
4. Submit one letter of recommendation from a relative describing your character and why you deserve this award.



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Application deadline is **July 1, 2016**. Awards will be presented at an awards ceremony. Applicant or representative must be available to accept the award.

Mail completed application along with required documents to:

Mounting Hope Village, Inc.
P.O. Box 170522
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Or

E-mail completed/scanned application materials to scholarship@mhopev.org
with the subject line: **"Your name" 2016 Scholarship Application.**



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Personal Data:

Name: _____ Class Rank: _____

Address: _____ GPA/ACT Score: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

School Activities: (Check those you were involved in and identify the number of years)

- | | | |
|---|---|--|
| <input type="checkbox"/> Band _____ yrs | <input type="checkbox"/> Jazz Band _____ yrs | <input type="checkbox"/> Vocal Music _____ yrs |
| <input type="checkbox"/> Basketball _____ yrs | <input type="checkbox"/> Nat. Honor Society _____ yrs | <input type="checkbox"/> Volleyball _____ yrs |
| <input type="checkbox"/> Cheerleading _____ yrs | <input type="checkbox"/> Play Production _____ yrs | <input type="checkbox"/> Wrestling _____ yrs |
| <input type="checkbox"/> Class Officer _____ yrs | <input type="checkbox"/> School Musical _____ yrs | <input type="checkbox"/> Yearbook _____ yrs |
| <input type="checkbox"/> Dance Team _____ yrs | <input type="checkbox"/> Softball _____ yrs | <input type="checkbox"/> Debate Team _____ yrs |
| <input type="checkbox"/> Track _____ yrs | <input type="checkbox"/> Football _____ yrs | <input type="checkbox"/> Golf _____ yrs |
| <input type="checkbox"/> Soccer _____ yrs | | |
| <input type="checkbox"/> Other (Please list) _____ yrs | | |
| <input type="checkbox"/> Other (Please list) _____ yrs | | |
| <input type="checkbox"/> Part Time Work (Please list) _____ yrs | | |



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Community Involvement: (List Community Activities Including Volunteering)

Honors and Awards:

Honor Roll: _____ Semesters

Please describe other academic awards or recognition



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University Applications/Acceptance:

Identify the University(ies) to which you have applied and been accepted:

University	City and State	Application Status
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Future Studies:

Briefly describe the field of study or major you plan to pursue and why. *(If you are undecided, please describe the majors you are considering and why.)*

Additional Information:

Please provide any additional information that you would like to share as to why you need this award. *(Optional)*



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- I authorize the release of my child's high school transcript if requested for scholarship consideration.

- I authorize that the statements made in my essay regarding my diagnoses and/or the diagnoses of my family member with mental illness are all true.

- I authorize that all information contained in this application is accurate.

Applicant Signature

Date

Parent or Guardian Signature

Date