



Four County Mental Health

Commit to wellness and quality of life for individuals, families and communities.

VISION Scholarship Application

P.O. Box 688 Independence, KS 67301

Instructions:

1. Please print clearly the following information. Turn in completed application, with all applicable signatures, to Four County Mental Health Attn: Kelly Bradford P.O. Box 688 Independence, KS 67301
2. Separately, please include a list of your activities, community volunteering or clubs you participated in during your high school years.
3. Provide a brief essay stating how getting a college education will improve your life.
4. Please attach three (3) letters of reference.

Personal Information:

Applicant Name: _____

Parents or Guardians Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _() _____ Work Phone: _() _____

Student ID# or SSN#: _____ E-mail: _____

Number of sibling living at home: _____ Number of siblings currently attending college: _____

Academic Information:

Name of School District: _____

School Counselor Name: _____ Phone number: _() _____

Grade Point Average: _____ College Preference: _____

Authorization Information:

_____ I release to the FCMHC the right to access all my current and ongoing personal and academic records and transcripts.

(Initial)

_____ I understand my name and information from my academic history may be released to the scholarship selection committee(s) and the scholarship donor(s). If awarded a scholarship, I release the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship.

(Initial)

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Student Signature: _____ **Date:** _____

FCMHC Office Use Only:

Executive Director Signature: _____

Scholarship Awarded: _____ Date: _____