



# THE COMMUNITY FOUNDATION

## CLARK FAMILY MENTAL HEALTH AND DISABILITIES SCHOLARSHIP APPLICATION INFORMATION

**ELIGIBILITY CRITERIA:** For nonprofit professionals who

- Are currently working in the mental health or developmental disabilities fields in a nonprofit organization within the eight-county area surrounding Rochester (Monroe, Livingston, Wayne, Ontario, Orleans, Genesee, Seneca and Yates Counties).
- Are matriculated in an accredited school by the beginning of the first semester of the award period, and plan to attend either full or part-time.
- Are working toward an advanced degree (clinical or administrative) in the mental health or developmental disabilities field.
- Demonstrate financial need.
- Are committed to working in the mental health or developmental disabilities field in the greater Rochester area for at least two years after degree attainment.

## INSTRUCTIONS

Please complete this application and mail it with your personal statement, official transcript\*, first two pages of the **most recent tax year**, and letters of recommendation to the below address:

Anne Wilder, President  
Coordinated Care Services, Inc.  
1099 Jay Street, Building J  
Rochester, New York 14611

To guarantee full consideration for an award, the application and supporting documentation **must be received by the second Friday in April**. Your application will not be reviewed unless it includes all information and supporting documentation.

- Applicant must submit two letters of recommendation—one from the organization where he/she is currently employed and one from a person of his/her choice—that address why this scholarship would be a good investment in his/her future. Applicant may either submit completed recommendation forms or typewritten letters (no more than one page long) that address all of the questions asked on the form.
- Applicant is required to apply for other financial aid available through other sources (i.e. Pell Grant, TAP, etc).
- Applicant must demonstrate a commitment to working in the mental health or developmental disabilities field in the greater Rochester area for at least two years after degree attainment.
- Maximum award will be \$5,000 per year. The actual amount will be determined based upon the student's actual cost of attendance, financial need, and receipt of other available grants and resources. While funding will not cover the entire cost of attendance, the award assists students in closing the gap between the expected contribution and the actual cost of attendance.

\* *If you have not completed any graduate coursework yet, include your undergraduate transcript.*

**CLARK FAMILY MENTAL HEALTH AND DISABILITIES SCHOLARSHIP**

**CONTACT INFORMATION**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Current Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Description of the Work Being Done: \_\_\_\_\_

Start Date: \_\_\_\_\_ Full Time or Part Time: \_\_\_\_\_

Current Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_ Supervisor's E-mail Address: \_\_\_\_\_

**PAST WORK EXPERIENCE**

<b>POSITION</b>	<b>ORGANIZATION</b>	<b>DATES OF EMPLOYMENT</b>

## EDUCATION

EDUCATION	SCHOOL NAME/LOCATION	FROM	TO	MAJOR	GPA	DEGREE
Undergraduate						
Undergraduate						
Graduate						
Graduate						
Other						

## ACADEMIC ACCOMPLISHMENTS

List any special programs attended, projects completed, teaching experience, clinical experience, publications, performance or exhibits, and/or any activities that would enable the review committee to better evaluate your application.

## GRADUATE PROGRAM TO WHICH YOU ARE APPLYING (OR HAVE BEEN ACCEPTED)

Program Title: \_\_\_\_\_

Degree: \_\_\_\_\_

School: \_\_\_\_\_

**Anticipated Date of Degree Completion:** \_\_\_\_\_

School Contact for this Program:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please explain your plans that support your commitment to working in the community upon graduation:

I certify that all information I have provided is correct and complete.

\_\_\_\_\_  
Signature

**CLARK FAMILY MENTAL HEALTH AND DISABILITIES SCHOLARSHIP  
PERSONAL STATEMENT**

Furnish a brief statement describing your reasons for seeking this scholarship. Address the following:

- Explain your interest in the chosen field of study
- How the degree will help you work more effectively in your field
- How your background, job experiences and/or other activities have prepared you to pursue graduate training
- Aspects of your graduate program you believe will be most beneficial to your professional growth and career goals

Include any additional comments which might help the review committee in its evaluation of your application.

**Please confine your statement to one typewritten page.**

**CLARK FAMILY MENTAL HEALTH AND DISABILITIES SCHOLARSHIP  
FINANCIAL NEED STATEMENT  
2012-13 ACADEMIC YEAR**

**Name of Applicant:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Degree:** \_\_\_\_\_

**Anticipated Graduation Date** \_\_\_\_\_

**PROJECTED COST OF ATTENDANCE**

Indicate the financial expenses for the term(s) you will be attending.	Summer '12	Fall '12	Winter '12-'13	Spring '13	ANNUAL TOTAL
Number of Credit Hours					0
Cost per Credit Hour					
<b>Total Tuition Cost</b>					
Books					
<b>TOTAL COST FOR YEAR</b>					

**SOURCES OF FUNDING**

	ANNUAL TOTAL
Contribution by Student/Student's Family	
Employer Contribution	
Other scholarships – TOTAL (please provide names and amounts below)	
Scholarship:	
Scholarship:	
Student Loans - TOTAL (please provide actual or estimated amounts below)	
Loan Type:	
Loan Type:	
Federal/State Aid (actual or estimated)	
Other contributions – please provide sources:	
<b>TOTAL AVAILABLE FUNDS</b>	
<b>GAP IN FUNDING (difference between source of funding and projected cost)</b>	

<b>AMOUNT OF REQUEST TO CLARK FAMILY</b>	
<b>CURRENT AMOUNT OF OUTSTANDING STUDENT LOANS</b>	

Please explain in two sentences your need for this scholarship:



**CLARK FAMILY MENTAL HEALTH AND DISABILITIES SCHOLARSHIP  
RECOMMENDATION FORM**

Please comment on any specific talents the applicant has demonstrated in research, writing, teaching, clinical work, etc.

Please comment on the applicant's academic, personal, social and professional qualities which reflect his/her ability to do graduate work.

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Signature

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Position:

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Street Address:

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City/State/Zip:

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Telephone:

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E-mail Address:

**PLEASE RETURN TO THE APPLICANT IN A SEALED ENVELOPE AND SIGN ACROSS THE SEAL.**



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