



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 six-county area surrounding Rochester (Monroe, Livingston, Wayne, Ontario, Orleans, and Genesee 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 your 2008 federal income tax return, 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: _____

Social Security Number: _____ 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

POSITION	ORGANIZATION	DATES OF EMPLOYMENT

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
2009-10 ACADEMIC YEAR**

Name of Applicant: _____

Date Completed: _____

School: _____

Degree: _____

Anticipated Graduation Date: _____

PROJECTED COST OF ATTENDANCE

Indicate the financial expenses for the term(s) you will be attending.	Summer '09	Fall '09	Winter '09-'10	Spring '10	ANNUAL TOTAL
Number of Credit Hours					
Cost per Credit Hour					
Total Tuition Cost					
Books					
TOTAL COST FOR YEAR					

SOURCES OF FUNDING

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

AMOUNT OF REQUEST TO CLARK FAMILY	
CURRENT AMOUNT OF OUTSTANDING STUDENT LOANS	
Please justify 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.

Signature

Position:

Street Address:

City/State/Zip:

Telephone:

E-mail Address:

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

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