



THE COMMUNITY FOUNDATION

CLARK FAMILY MENTAL HEALTH AND DISABILITIES SCHOLARSHIP

RENEWAL APPLICATION

For past recipients of a Clark Family Scholarship:

To help you obtain an advanced degree this scholarship is renewable up to a *maximum of four times during a consecutive six-year period*. As long as you meet the requirements, you are eligible to renew your scholarship for another year.

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.

Checklist

In order to renew this scholarship for another year please send the following materials showing that you meet the academic, financial and nonprofit association requirements:

- ___ Completed Clark Family Scholarship Financial Need Statement (on next page).
- ___ A brief statement listing the anticipated credit hours from your prior scholarship request, the actual credit hours completed, and an explanation of any variance.
- ___ Copy of your most recent transcript.
- ___ Copy of your most recent federal tax return (for tax year just completed).
- ___ Letter, on official letterhead, verifying both continued association with a local nonprofit serving the mental health or developmental disabilities needs of the community and recommendation for continued financial support.

These forms **must be received**, at the following address, **by the second Friday in April**:

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

You will be notified in June of your renewal status; please call if you have any questions regarding the information in this letter. We wish you luck in your pursuit of an advanced degree to improve your skills in serving those in need.

**CLARK FAMILY MENTAL HEALTH AND DISABILITIES SCHOLARSHIP
FINANCIAL NEED STATEMENT
2010-11 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 '10	Fall '10	Winter '10-'11	Spring '11	ANNUAL TOTAL
Number of Credit Hours					0
Cost per Credit Hour					
Total Tuition Cost					
Books					
TOTAL COST FOR YEAR					

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:	
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 explain in two sentences your need for this scholarship: