

Mental Illness Awareness and Suicide Prevention Scholarship Application - NH High School Students

Please print out this form and complete all sections before returning via email or mail (miaspadmin@miasp.org or Chloe Rich/MIASP PO Box 375, Manchester, NH 03105) with the rest of the application requirements. **The deadline for submission is June 1, 2023.**

All application requirements are as follows:

- A copy of this completed application form
- One (1) resume
- One (1) current letter of recommendation from January 2021 -
- One (1) 250-1500 word essay describing why you want to study social work/psychiatry/psychology/behavioral science, and how you plan to use your education to help the community *or* your involvement with mental health and/or suicide prevention and its importance to you
- A copy of your college acceptance letter (if available)
- Official or unofficial copy of high school transcript
- (Optional) A photo of yourself to be used in the event you are selected as the scholarship winner

Section I: Personal Information

Name:	Pronouns:
Phone Number:	Email Address:
Permanent Address:	Additional Info (if applicable):

By signing here, I attest that I am a current resident of New Hampshire:

Signature: _____

Section II: Academic Information

Name of High School:

GPA: _____ High School Rank: _____ out of _____ (Optional)

Anticipated College Major(s):

Additional Information: _____

Section III: Extracurriculars and Activities

A. List and briefly describe your high school extracurricular activities and your involvement (e.g. organizations, sports, memberships, etc.). Please be sure to list the organization involved, position(s) held, dates of involvement, and a brief description of responsibilities held:

D. Community Service (minimum of 20 hours of community service required). Please explain all types of community service, the dates you participated, the number of hours of service, and the name and contact of your supervisors OR a signed form confirming community service:

Section IV: Additional Information

Is there any other information we should know? This is your opportunity to include information that is not included in other parts of the application. Please be specific:

Applicant Certification:

I hereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I hereby grant permission to the Mental Illness Awareness and Suicide Prevention Scholarship Committee to contact my school if necessary, and to use my name and likeness in promotional materials in the event that I am selected to receive a scholarship award.

Signature of Applicant

Date
