



Impact Scholarship Award

Porter-Starke Services, Inc. provides mental health and addictions services for many communities in Porter and Starke Counties. It is our goal to enhance the quality of life within our communities. **The Porter–Starke Services Foundation, Inc.** works along side Porter-Starke Services to promote and support mental health and substance abuse treatment needs in our community through comprehensive fundraising efforts. It is the goal of both organizations to reduce the stigma of mental illness and recognize its impact in our daily lives.

To further this goal, the Porter-Starke Services Foundation has created the **Impact Scholarship Award** to recognize a high school senior whose life has been impacted by mental health or who has made a positive impact on the mental health of others.

Eligibility • This scholarship award is available to graduating seniors of High Schools located in Porter and Starke Counties in Indiana who have been accepted to an accredited college, university or vocational school. Candidates must be pursuing a 2-year or 4-year degree. **The five-hundred dollar scholarships will be awarded to four winning seniors in Porter and Starke Counties.** *Immediate family members of Porter-Starke Services Board Members, Porter-Starke Services Foundation Board Members and Porter-Starke Services Executive Staff may not apply.*

Criteria • Selection for this award will be made based on (in order of priority): a well-written Impact Essay, extracurricular activities and volunteerism, letter of recommendation and grade point average.

Deadline • **April 1, 2010.** Submissions must be turned into the high school office and include the completed application and three attachments (see below). Winners will be notified in May of 2010. For additional questions regarding this application, please contact us at 219-531-3510.

Please submit the following information with this completed application:

1. One-page Impact Essay (see instructions below)
2. One letter of recommendation from a non-family community member

Impact Essay

Topic • Describe a personal experience you have had related to mental health, mental wellness or substance abuse, its impact, and what you have learned from the experience. This may include any personal experience that positively influenced the mental health or mental wellbeing of others.

- All essays should be typed and a minimum of one page in length. No longer than two pages.
- All essays are confidential and will not be shared with anyone outside of the scholarship committee without written consent.
- Additional copies of this application can be found at www.porterstarke.org

Porter-Starke Services Foundation
Impact Scholarship Award
General Application Form

For office use only
Rec'd by: _____
School: _____
Date: _____

Applicant Information (please type or print)

Name _____
Last First Middle
Permanent Address _____
Street _____
City _____
Date of Birth _____ Male Female
Month/Day/Year
Email Address _____ Home Phone _____
Current High School: _____

Family Information (provide the following information regarding family that live with the student listed above)

Name of father/stepfather/guardian _____
Place of Employment _____ Position _____

Name of mother/stepmother/guardian _____
Place of Employment _____ Position _____

Check if applicable: Father deceased Mother deceased Parents divorced

Number of children in family _____ Number living at home _____

Number of family members (other than yourself) attending college next year _____

Education Information

Intended Major _____ Career Plans _____
Where will you be attending school _____

For which High School Diploma are you a candidate (circle one):
Regular Diploma Core 40 Diploma Academic Honors Diploma

GPA: ___ / ___

Class Rank: ___ / ___

SAT: _____
Verbal Score Math Score Composite Score Date(s) Taken

ACT: _____
Date(s) Taken

Permission to review the scholarship portion of this application requires a signature. I hereby consent to the release of my GPA, SAT/ACT scores, and transcript to Porter-Starke Services Foundation Scholarship Committee.

Signature _____ Date _____

Parent Signature _____ Date _____
(Parent's signature if under 18)

School Activities

Please record your school activities below. (Service clubs, other clubs, student government, National Honor Society, etc.) List them in order of importance to you and include only hours spent outside the classroom.

ACTIVITY/ YEAR STARTED	# OF YEARS	AVG. # OF HRS/YR	POSITIONS HELD, HONORS WON OR LETTERS EARNED

Sports

List them in order of importance to you and include only hours spent outside the classroom.

ACTIVITY/YEAR STARTED	# OF YEARS	AVG. # OF HRS/YR	POSITIONS HELD, HONORS WON OR LETTERS EARNED

Fine Arts

(Music, drama, forensics, debate, etc.) List them in order of importance to you and include only hours spent outside the classroom.

ACTIVITY/YEAR STARTED	# OF YEARS	AVG. # OF HRS/YR	POSITIONS HELD, HONORS WON OR LETTERS EARNED

Community Activities

Please record your community activities below. (Volunteer, scouts, church/synagogue activities, clean up days, time donated towards a good cause, etc.) List them in order of importance to you and include only hours spent outside the classroom.

ACTIVITY/YEAR STARTED	# OF YEARS	AVG. # OF HRS/YR	POSITIONS HELD, HONORS WON OR LETTERS EARNED

(Please feel free to copy this page for added space if needed.)

Work Experience

Please record your paid work experience below (including self-employment) during the past four years.

SUMMER EMPLOYMENT

EMPLOYER	NATURE OF WORK (INCLUDE SUPERVISORY POSITIONS)	# OF WEEKS	HOURS PER WEEK
FRESHMAN			
SOPHOMORE			
JUNIOR			
SENIOR			

ACADEMIC YEAR EMPLOYMENT

EMPLOYER	NATURE OF WORK (INCLUDE SUPERVISORY POSITIONS)	# OF WEEKS	HOURS PER WEEK
FRESHMAN			
SOPHOMORE			
JUNIOR			
SENIOR			

Hobbies & Interests

What do you like to do in your spare time?

Special Circumstances (Optional)

Please share any special circumstances of need or otherwise for the scholarship committee to consider.
