



## ***Impact Scholarship Award***

Porter-Starke Services, Inc. provides healthcare services throughout Northwest Indiana. It is our goal to enhance the quality of life within our community. **The Porter–Starke Services Foundation, Inc.** works alongside Porter-Starke Services to enhance the quality of life by advocating for the behavioral and physical health of our community through fundraising, stewardship, and financial support. 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, Starke, and Lake (Gary) 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. **Scholarships of up to two thousand five hundred dollars (\$2,500.00) will be awarded to four graduating seniors in Porter, Starke, and Lake (Gary) Counties.** *Exact scholarship amount will be based on scholarship application and criteria. 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 and amount will be made based on (in order of priority): a well-written Impact essay, extracurricular activities and volunteerism, financial need, letter of recommendation and grade point average.

**Deadline** • **March 29, 2019.** Submissions must be turned into the high school office and include the completed application and one letter of recommendation. All required documentation must be received together. Information received separately will not be considered. Scholarship award recipients will be notified in May. For additional questions regarding this application, please contact us at 219-476-4640.

### **Application Process**

- ❶ Download Impact Scholarship application at [www.porterstarke.org/scholarships](http://www.porterstarke.org/scholarships)
- ❷ Fill in all fields, including Impact Essay. Print application and sign (changes will NOT auto save onto application)
- ❸ Request a copy of your transcript and include with application
- ❹ Return completed application, letter of recommendation (non-family member) and transcript to your Guidance Counselor
- ❺ Guidance Counselor will submit your documentation directly to the Porter-Starke Services Foundation. (postmarked by March 29, 2019)

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Additional forms can be downloaded at [www.porterstarke.org/scholarships](http://www.porterstarke.org/scholarships). If you have any questions please contact Katie Erdelac at 219-476-4640 or [kerdelac@porterstarke.org](mailto:kerdelac@porterstarke.org)

Name \_\_\_\_\_

Last First Middle

**Permanent Address**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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

[illegible]

Name of mother/stepmother/guardian \_\_\_\_\_

Place of Employment	Position

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 (check one):

☐ General Diploma   ☐ Core 40 Diploma   ☐ Academic Honors Diploma   ☐ Technical Honors Diploma

GPA:            /                      Class Rank:            /

SAT: \_\_\_\_\_  
Verbal Score      Math Score      Composite Score      Date(s) Taken

ACT: \_\_\_\_\_  
Score \_\_\_\_\_ 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

**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**

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

**Impact Scholarship Photo Release Form**

I consent to be photographed by representatives of Porter-Starke Services and/or by local press and authorize the free and unlimited use of such photographs for inclusion in promotional and informational material circulated by Porter-Starke Services and/or local press.

Check one:      I agree to be photographed and I hereby waive any right pertaining to the prints.

I do not wish to be photographed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Parent if under 18 years of age)

*All completed applications, one page impact essay, and letter of recommendation are to be submitted to the designated high school contact and then returned to:*

Katie Erdelac  
Porter-Starke Services Foundation  
601 Wall Street  
Valparaiso, IN 46383

**For office use only**

Rec'd by: \_\_\_\_\_  
School: \_\_\_\_\_  
Date: \_\_\_\_\_

**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 within the space allotted below. Your text will automatically adjust to fit within the space allotted, if your essay does not fit, please denote a separate sheet will be provided, essays should be no more than one page, single spaced (750-1,000 word maximum).
- Essays can also be typed within Microsoft Word. Upon completion of the Word Document, Copy and Paste it into the space below.
- All essays are confidential and will not be shared with anyone outside of the scholarship committee without written consent.