

## Porter-Starke Services Foundation Impact Scholarship Award



Porter-Starke Services provides healthcare services throughout Northwest Indiana. It is our goal to enhance the quality of life within our community. The **Porter-Starke Services Foundation** 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 County, Starke County, and the City of Gary in Lake County, Indiana who have been accepted to an accredited college, university, or vocational school. Candidates must be pursuing a 2-year or 4-year degree. *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** • **Friday, February 27, 2026** Submissions must be turned in to the Porter-Starke Services Foundation and include the completed application, official transcript, 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 2026. For additional questions regarding this application, please contact us at 219-476-4590.

### Application Process

1. Download the Impact Scholarship application at [www.porterstarke.org/resources/scholarships](http://www.porterstarke.org/resources/scholarships)
2. Fill in all application fields, including the Impact Essay. Please note, changes will NOT auto save onto the application. Print the application and sign (or have parent/guardian sign if under the age of 18) *Release for Scholarship Committee* on page five. **Applications must be signed to be considered.**
3. Request a letter of recommendation from a non-family member to include with your application. Please provide them plenty of time to complete and return the letter to you.
4. Request a copy of your official transcript and include with application.
5. Submit completed application, letter of recommendation (non-family member), and official transcript to the Porter-Starke Services Foundation ATTN: Elliott Miller, 601 Wall St., Valparaiso, IN 46383. (received by **February 27, 2026**).

Additional forms can be downloaded at [www.porterstarke.org/resources/scholarships](http://www.porterstarke.org/resources/scholarships). If you have any questions please contact Elliott Miller at 219-476-4590 or emiller@porterstarke.org.

Porter-Starke Services Foundation  
**Impact Scholarship Award**  
Application Form

**Applicant Information:** Type the required information within the text fields provided. Print, sign, and send directly to Porter-Starke Services Foundation. Hand-written applications will not be eligible for consideration.

**Name:** \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
Month/Day/Year \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Current High School:** \_\_\_\_\_

**Family Information:** Provide the following information regarding family that live with the applicant.

**Parent/ Guardian Name:** \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

**Parent/ Guardian Name:** \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

**Number of family members (other than yourself) attending college next year:** \_\_\_\_\_

**Education Information:**

**High School Diploma you Expect to Receive (check one):**

General     Core 40     Academic Honors     Technical Honors

**GPA:** \_\_\_\_\_ / \_\_\_\_\_ **Class Rank:** \_\_\_\_\_ / \_\_\_\_\_

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

**ACT:** \_\_\_\_\_ Score \_\_\_\_\_ Date(s) Taken \_\_\_\_\_

**College, University, or Vocational School you Plan to Attend:** \_\_\_\_\_

**Intended Major or Program of Study:** \_\_\_\_\_

**Have you been accepted to a 2 or 4-year program?**  Yes  No

**School Activities:** Record non-athletic school activities below. Include clubs, student government, National Honor Society, fine arts, drama, etc. List them in order of importance to you and include only hours spent outside the classroom.

Activity	Years Involved	Average Hours per Year	Positions Held, Honors Won, or Letters Earned

**Athletics:** Record your athletic involvement below. List in order of importance to you and include only hours spent outside the classroom.

Activity	Years Involved	Average Hours per Year	Positions Held, Honors Won, or Letters Earned

**Community Activities:** Record your community activities below. Include volunteer activities, Scouts, church/synagogue activities, clean up days, community theatre, etc. List them in order of importance to you and include only hours spent outside the classroom.

Activity	Years Involved	Average Hours per Year	Positions Held, Honors Won, or Letters Earned

**Work Experience:** Record your paid work experience below, including self-employment, from the past four years.

Employer	Nature of Work	Start Date	End Date	Hours per Week

**Hobbies and Interests:** Describe hobbies or other interests that you like to do in your spare time.

**Special Circumstances:** Please share any special circumstances of need, including financial, for the scholarship committee to consider.

**Impact Scholarship Photo Release**

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 student applicant or parent/guardian if student is under 18 years of age)

**\* Release for Scholarship Committee \***

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of student applicant or parent/guardian if student is under 18 years of age)

## 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 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 indicate that a separate sheet will be included. Essays should be no more than one page, single spaced (750-1,000 word maximum).
- Essays can also be typed in another word processing software. Upon completion of the 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.

