

Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures

FOR US Mental Health Scholarship “It ain’t just cuz we care, It’s cuz others didn’t”

The requirement for this scholarship: Applicants must be a High School graduate residing in the state of Indiana or Illinois, who have been diagnosed with a mental disorder by a licensed physician who states that the individual is able and fit to attend a college or trade school and are already accepted into a 2 or 4 year college, university or trade school.

Legal First Name: _____ Legal Last Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

D-O-B: _____ Number of sibling(s): _____ How many live with you? _____

Ethnicity: Choose not to say _____ African American _____ Hispanic or Latino _____

Asian _____ White _____ Native American _____ Other _____

Hawaiian or another Pacific Islander _____ African or Caribbean _____

Is English your first language? _____ What is your first language? _____

Student’s email address: _____

Home Phone Number: _____ Cell Phone Number: _____

Gender: Male _____ Female _____ Other (specify) _____

(Mark M for mother and F for father when referencing answers regarding parents)

Parent(s) / Guardian(s) Name(s): _____

Parent(s) / Guardian(s) Address: _____

City: _____ State: _____ Zip code: _____

Parent(s) / Guardian(s) Name(s): _____

Parent(s) / Guardian(s) Address: _____

City: _____ State: _____ Zip code: _____

Parent’s Education level: GED _____ High School Diploma _____ Associates Degree: _____

College Degree _____ Some College _____ Doctorates Degree _____

Parent / Guardian Email Address: _____

Parent / Guardian Home Phone Number: _____ Cell Number _____

Have you applied for financial aid?: Yes ____ No ____

If yes, when did you apply, and will you be receiving any financial aid? _____

If no, do you plan on applying for financial aid? Yes ____ No ____

Have you applied for any other scholarships? Yes ____ No ____

If yes, what other scholarship(s) are you applying for? _____

If no, do you plan on applying for any other scholarships? Yes ____ No ____

Type of school attending: Public ____ Private ____ Charter ____ Home School ____ Other ____

I. **High School Attending:** Please type in the name of the high school you are currently attending.

Name of School:

Address of School: _____

City: _____ State: _____ Zip code: _____

Please complete in the following manner, e.g. 3.5 on a 4.0 scale

Cumulative GPA _____

SAT Score _____

Date Taken: _____ SAT – Writing _____ SAT Math _____

Enter your most recent scores

ACT Score _____

Date Taken: _____ ACT _____

Enter your most recent scores

Intended Field of Study _____

- By checking this box, you are stating that you have graduated from high school by June 2020, and will be a first-time freshman at a College, University, or Trade School in the Fall of 2020.

Tell us the date you started and finished high school

Year/Month started: _____ Year/Month Finished: _____

- (21 and under if applies) Please check this box if you have earned the GED Diploma enter the date you tested and your score: Date Tested: _____ Score: _____

III. School Activities: Briefly describe the activity and include the length of time, the total number of weeks, months or years you participated. If you quit any activities, tell us which activities and why you quit them.

IV. Community/Public Service Activities: Briefly describe the activity and include the length of time, the total number of weeks, months or years participated.

College Attending: _____

Have you been accepted? Yes ____ No ____

Check how you plan to attend. Full-time ____ Part-time ____

Trade School questions:

- a. What trade are you in or interested in? _____
- b. What trade school are you interested in attending? _____
- c. Have you been accepted by a trade school? _____

V. Mental Health applicant questions, only.

- a. At what age were you diagnosed with a mental health issue(s): _____
- b. Name the mental issue that you are diagnosed with? _____
- c. Are you physically disabled from your mental health situation? _____
- d. If you are physically disabled, please name the physical disability that you have?

Attached physician statement or documentation

VI. Essays

How do you plan to help others that are not family members with your education and success?

If you could change anything positive about the world, society or yourself, what would it be?

If there is anything you would not change negative about yourself, society, or the world what would it be?

How does education factor into your everyday life concerning thinking, explaining and searching for answers? If there was a subject, you could pick from school to best relate or compare to how the world can be viewed, should be viewed, or is viewed, which subject being (Math, Science, English, etc.) would you choose? Why?

Describe an obstacle throughout your high school career that you overcame, and include how it affected you both negatively and positively? Also, if you could relive it, would you? How could your experience help someone else?

VII. Trade School applicant additional essay questions:

- a. Describe why you have chosen a grade instead of a 2 or 4 year college or university?

- b. Explain how getting a trade is more beneficial to you than a college degree? (Explain in detail)

- c. After receiving the trade do you plan to go back for a college degree to further your education behind your trade?

VIII. Mental Health applicants only, additional essay questions:

- a. Describe an obstacle in your life that you have overcome due to your mental health and how has it impacted you either negatively or positively?

b. How can you help someone with the same mental issue(s) as yourself or even different mental issues become successful in their endeavors?

c. If you have a physical disability due to your mental health describe your condition(s) and how it affects you daily?

Student Signature

Date

Parent(s) Guardian Signature

Date

Parent(s) Guardian Signature

Date

The purpose of this scholarship is to provide the need for special assistance for students who have been diagnosed with a mental disorder by a licensed physician. Whether the need is for prescription medication, counseling, therapy or tutoring, students who function in society yet need extra attention to better cope with college will greatly benefit from financial assistance in these areas.

THANK YOU!

If your application was accepted for a scholarship, you will be contacted within 4 weeks. If we do not contact you, we appreciate you submitting your application and we truly wish you success in your educational and life endeavors.

The Board of Directors of F U, Inc.