



Building a Future Scholarship



Application Form

Applications must be received in our office no later than **APRIL 17th, 2009**

Contact Information

<i>Legal First Name</i>		<i>Last Name</i>	<i>Preferred Name</i>	
<i>Current Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Permanent Address (if different from current address)</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone</i>		<i>Cell Phone</i>		
<i>E-mail Address</i>			<i>Social Security Number</i>	

Academic Information

Are you in school now? Yes No

If you are a **past recipient** of the *Building a Future* scholarship, what is your current GPA? _____

What is your **desired educational or career goal**?

- Associate Degree Bachelor Degree Graduate Degree Trade or Vocational School Certificate

List—in chronological order—**ALL educational experiences** you have had, even if your coursework or degree was not completed (please begin with your most recent experience)

Name of Educational Institution	Dates Attended	Degree Received	Major	Date Awarded

If needed, you may continue this list on a separate sheet



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Application Form cont.

Employment & Volunteer Experience

Please list ALL employment &/or volunteer experiences. A resume **cannot** be substituted for this information but may be included to show job tasks or descriptions.

Agency/Company	Full-time (FT) Part-time (PT) Volunteer (V)	Position	Dates of Employment or Volunteer Activity

If needed, you may continue this list on a separate sheet

Training & Leadership Activities

Check all of the activities that you have completed or in which you are currently involved:

- | | |
|---|---|
| <input type="checkbox"/> KU Consumer as Provider Training | <input type="checkbox"/> KU Student Success Program |
| <input type="checkbox"/> Kansas Consumer Leadership Academy | <input type="checkbox"/> Kansas Consumer Advisory Council (CAC) |
| <input type="checkbox"/> Breakthrough Program | <input type="checkbox"/> NAMI Activities (e.g. <i>In Our Own Voice</i>) |
| <input type="checkbox"/> Governor's Mental Health Services Planning Council or Subcommittee | <input type="checkbox"/> Consumer-Run Organization (CRO) Leadership (e.g. board member, director, group facilitator, staff, etc.) |
| <input type="checkbox"/> WSU CPS Training | |
| <input type="checkbox"/> Other (please specify) _____ | |
| <input type="checkbox"/> Other (please specify) _____ | |
| <input type="checkbox"/> Other (please specify) _____ | |

References

Each applicant must provide a total of **three references** (list below) with at least two of these being professional (e.g. work, school, volunteer, community service, etc.). One reference may be a personal one (friend, peer, family, neighbor, etc.). Forms & instructions are provided in the application packet.

Reference Name	Type of Reference
1.	<input type="checkbox"/> Professional <input type="checkbox"/> Personal
2.	<input type="checkbox"/> Professional <input type="checkbox"/> Personal
3.	<input type="checkbox"/> Professional <input type="checkbox"/> Personal



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Application Check List

Applications must be received in our office **no later than APRIL 17th, 2009**

Please **attach this checklist** to the cover of the application packet.

Your Name (please print) _____ Date _____

Please review the following criteria and **initial each one that is true** for you:

- _____ I have successfully completed the CAP Program (Year completed _____)
- _____ I have successfully completed the Student Success Program (Year completed _____)
- _____ I am actively participating in local, statewide &/or national leadership activities
- _____ I am a previous recipient of the *Building a Future* scholarship
- _____ I am 18 years of age or older
- _____ I am a Kansas resident
- _____ I am a U.S. citizen or am actively working toward naturalization
- _____ I plan to attend school in the contiguous United States

Before sending your application materials, **please initial** that each section has been included in your packet:

- _____ Application Check List
- _____ Application Form
- _____ Personal Essay (*no more than three, double spaced, typed pages*)
- _____ Educational/Career Goal Plan
- _____ Three recommendations (must be sealed and signed over the seal)

Complete application materials should be sent to:

Joanna McCloud
 University of Kansas School of Social Welfare
 1545 Lilac Lane
 Lawrence, KS 66044

PLEASE NOTE All application submissions should include only the above requested materials. Any additional information or materials (except a résumé) will be destroyed and will not be submitted to the scholarship committee. Applications are held in the strictest of confidence. Application materials submitted will not be returned to the applicant.

The University of Kansas School of Social Welfare does not discriminate on the basis of sex, age, race, ancestry, sexual orientation, marital status, parental status, religion, color, national origin, Veteran's status or disability.



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Applicant Reference Form

Applicant Name (please print) _____

FOR INDIVIDUALS COMPLETING THIS FORM

The above named individual is applying for the *Building a Future Scholarship* offered through the University of Kansas School of Social Welfare/Office of Mental Health Research & Training. We attach great importance to your judgment of this applicant.

Upon completing this form, please return it to the applicant in a sealed envelope with your signature across the seal. Applicants are required to include sealed references in their application packets which are ***due in our office by April 17th*** so we thank you for your prompt attention.

How long have you known the applicant? _____

In what capacity do you know this individual? _____

Is this a _____ professional reference or _____ personal reference?

Please complete the following questions.

1. To the best of your ability, please rate the applicants scholastic potential.

Excellent	Good	Fair	Poor	Unable to Judge

2. Are there any factors we should be aware of in making an award decision? We urge openness.



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Applicant Reference Form cont.

3. Please rate the applicant using the following scale:

	Excellent	Good	Fair	Poor	Unable to Judge
Academic Ability					
Writing Skills					
Speaking Skills					
Productivity					
Dependability					
Conceptual Ability					
Leadership Ability					

4. Do you have any comments that you would like to share about this applicant?

5. Please indicate your level of recommendation for this applicant:

I **strongly recommend** this applicant for the *Building a Future* scholarship

I **recommend** this applicant for the *Building a Future* scholarship

I **recommend with reservations** this applicant for the *Building a Future* scholarship

I **do not recommend** this applicant for the *Building a Future* scholarship

Please feel free to attach a supporting letter or other materials to this reference; however, this is not required. Thank you for taking time to share your thoughts. If you have any questions, please feel free to contact us at (785) 864-3776 or (877) 458-6804 or via e-mail at mhrecovery@ku.edu.

Signature

Date