



## **BIPOLAR & SCHIZOPHRENIC SCHOLARSHIP FUND**

### **2017-2018 APPLICATION GUIDELINES**

Money will be awarded to students who demonstrate financial need, currently have a 2.75 grade point average or better and have provided a letter from their therapist or doctor confirming their condition. Applicants who are attending a college or university for the first time must submit a paragraph summarizing their high school grades and strategies for completing their first semester at their highest capability. The tentative plan is to award scholarship money in the amount of \$1500 that will be deposited in the student's account with the college to be used entirely for the current semester the student is enrolled in. The money deposited shall be used for tuition costs only. The availability of the scholarship will be publicized through the office of financial aid at participating colleges. The executive board of the Bipolar & Schizophrenic Scholarship Fund Inc. will determine which students are to be awarded scholarship funds through examination of applications.



**Bipolar & Schizophrenic Scholarship Fund Inc.  
2017-2018 Scholarship Application**

**Personal Information**

Date: \_\_\_\_\_

\_\_\_\_\_  
Name (Last, First, Middle Initial)

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Email Address Phone

\_\_\_\_\_  
Date of Birth female male

Citizenship:  U.S. Citizen  Permanent Resident  International Student

Residency:  Virginia  Other: \_\_\_\_\_

Marital Status:  Single  Married  Divorced

**If applicable:**

**Academic Information** (if applicable)

- |  |  |
|--|--|
| <input type="checkbox"/> Freshman / never attended college | <input type="checkbox"/> Graduate / Professional first year  |
| <input type="checkbox"/> Freshman / returning              | <input type="checkbox"/> Graduate / Professional second year |
| <input type="checkbox"/> Sophomore                         | <input type="checkbox"/> Graduate / Professional third year  |
| <input type="checkbox"/> Junior                            | <input type="checkbox"/> Senior                              |

College or University Currently Attending: \_\_\_\_\_

State of College or University: \_\_\_\_\_ Student ID Number: \_\_\_\_\_



Expected Graduation Date:

---

Declared Major (or Majors Considered):

---

College or Department:

---

Career Interest:

---

### **Education Background**

High School Attended:

---

Name

High School Address:

---

Street

City

State

Zip

High School Graduation Date:

---

Month

Year

Other College / University / Trade School:

---

Name

City

State

Zip

Other College / University / Trade School:

---

Name

City

State

Zip



## Resume and Personal Statement

Please provide a current resume (covering the past three years) indicating experience (work and/or volunteer, or high school achievements), memberships and/or affiliations, leadership experience, honors and awards, and significant contributions to the community; and a typed one or two page **personal statement** to the Bipolar & Schizophrenic Scholarship Fund. The statement should include an organized brief history of your background, educational and career goals. And please consider and share your ideas on how you can impact the community with or in addition to your career goals. Remember to include a copy of Academic Transcripts. You may also provide personal information that would assist the fund in the selection process to help foster understanding you as an individual.

## Certification

I certify that the information I have provided on this application is true and complete to the best of my knowledge. I understand that information about me known to the Admissions and/ or the Registration and Records Offices may be used to evaluate my eligibility for a scholarship, and I authorize those offices to release information to the appropriate scholarship committees. I further authorize release of my application to third parties for the purpose of scholarship consideration. If selected for a scholarship, I authorize the release of information to be given to donors or used in publicity related to the scholarship program.

I further agree that I will notify the Office of Student Financial Aid of any changes (major, residence, etc.), that may affect my eligibility for a restricted award.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This Application Will Not Be Processed Without Your Signature  
Faxed or Electronically Transmitted Documents Will Not Be Accepted Without Prior  
Written Approval of BSF. Photo Copies Are Acceptable But Signatures Must Be Original.**

**Please Retain A Copy For Your Own Records.**

**Please Return One Completed Application With All Attachments by August 1st, 2017**