



Providing dynamic, progressive and diverse supports to improve the well-being of our communities.

We are pleased to invite graduating seniors who are seeking a career in psychology, counseling, school counseling, social work, or nursing to apply for a CCS scholarship. Up to six (6) \$1,000 scholarships will be awarded each year and are renewable for three additional years, for a four-year total of \$4,000.

Criteria: To be eligible for a scholarship a student must:

1. Be a high school/home school senior in Morrow, Grant, Gilliam, or Wheeler County.
2. Intend to pursue studies in psychology, counseling, social work, or nursing.
3. Have a cumulative Grade Point Average (GPA) of 2.75 or higher.
4. Return this page and the Scholarship Application Form with the following information:
 - a. A copy of your high school transcript
 - b. A letter (no more than 2 pages) directed to the CCS Scholarship Committee describing:
 - 1) your educational and career goals;
 - 2) why you chose your career goals;
 - 3) and how you foresee your career goals bettering the lives of people in your community.
 - c. An Activity Sheet listing the activities and community service you have been involved in during high school.
 - d. Financial Information Sheet
5. Successful applicants are strongly encouraged to consider seeking employment opportunities at CCS upon college graduation.
6. Mail or deliver your Scholarship Packet to the address below. Incomplete packets or applications postmarked after March 31, 2018 will not be accepted.

Application Deadline: March 31, 2018

Mail or deliver your scholarship packets to the following address:

Community Counseling Solutions
c/o Kristie Bingaman
PO Box 469
Heppner, OR 97836

IF YOU HAVE QUESTIONS, PLEASE CALL 541-676-9161

FOR OFFICE USE ONLY

Date Received:		
	<input type="checkbox"/>	Completed Scholarship Application form
	<input type="checkbox"/>	High School Transcript (Cumulative GPA 2.75)
Applicant Name:	<input type="checkbox"/>	Letter to the Scholarship Board
	<input type="checkbox"/>	Activity Sheet
	<input type="checkbox"/>	Financial Information



Senior Scholarship Application Form

APPLICANT PERSONAL INFORMATION

NAME (First, MI, Last)

CURRENT HIGH SCHOOL

Yes / No

DATE OF BIRTH

US CITIZEN (circle)

TELEPHONE NUMBER

E-MAIL ADDRESS


HOME MAILING ADDRESS


CUMULATIVE HIGH SCHOOL GPA (submit transcripts)


INTENDED COLLEGE


MAJOR

CAREER GOAL

 I affirm that all statements included in this scholarship packet are true, complete, and correct.

 I certify that I will enroll as a student for the upcoming academic year and will use the Community Counseling Solutions Scholarship funds towards expenses related to the school I attend.

 I give Community Counseling Solutions permission to share my name and/or picture should I become a recipient, for the purpose of public relations.

 I give Community Counseling Solutions permission to access my academic records for the purpose of tracking, monitoring, and evaluating my progress.

 Falsification of information may result in termination and forfeiture of any scholarship granted.

SIGNATURE

DATE



Financial Information

Complete the personal information below and indicate all sources of financial assistance you expect to receive for the upcoming academic year. Your expected expenses should include your dependents, if applicable. Please **DO NOT** leave blanks.

Total annual household income: \$ _____

Number of students in household attending college 2017/2018 school year: # _____

Estimated tuition/room/board/book expense: \$ _____

Estimated grant/scholarship aid to date: \$ _____

Estimated family contribution (student & parent/guardian): \$ _____

Amount of annual college expense unfunded (intend to use student loans) \$ _____