



York County Youth Mental Health Alliance
*Supporting students from York county who are working to educate others
about mental health, reduce stigma, and better support everyone's mental health*

Mental Health Advocacy Scholarship

The York County Youth Mental Health Alliance is pleased to offer two \$1000 scholarships to graduating high school seniors from York County Pennsylvania who have been a member of a school club that promotes mental health education and support. Scholarship applicants must be enrolling in an accredited post-secondary institution (2- or 4-year college or technical/trade school) following high school graduation.

Directions:

- ❖ Complete the attached application.
- ❖ Write an essay explaining your passion for mental health awareness/advocacy/support, your high school involvement in mental health activities/initiatives, and the ways that you hope to influence mental health issues at your post-secondary school. Essays should be between 500 and 1000 words.
- ❖ Ask an adult (who is not a family member or close friend) who can attest to your involvement in improving mental health within your community to submit a recommendation for you to this link by March 31: tinyurl.com/YCYMHAreference. *(It is polite to ask recommenders at least two weeks prior to the deadline.)*
- ❖ Submit completed application and essay, with a copy of your acceptance letter to ywymha@gmail.com by March 31, 2024.

Scholarships will be announced via email and YCYMHA social media on or around April 15, 2024.

Scholarship funds will be sent directly to the post-secondary institution that the applicant indicates they are attending.

Brittany Deller · Miranda Jenkins · Amy Strayer · Charlotte Utter · Kara Vojcsik

The York County Youth Mental Health Alliance Executive Board

Mental Health Advocacy Scholarship

Name _____

Address _____

Email Address _____ Phone (_____) _____

High School _____

Graduation Date _____ GPA _____

Name of Advisor for your mental health advocacy club _____

Advisor's Email _____ Phone (_____) _____

Name and Address of College/Technical/Trade School where you will be enrolling in Fall 2024

I certify that the information provided in this application is true to the best of my knowledge and understand that any false information that is provided will warrant immediate withdraw of the application from consideration, and any civil or criminal liabilities will apply. I further certify that if awarded said scholarship, I will use any money I receive only for expenses related to my post-secondary education. Scholarship awardees will be announced via email and YCYMHA social media. Scholarship funds will be released directly to the school listed on application or named by recipient following notification of award.

Signature of Applicant

Date