2025 Scholarship Application for NAMI of Erie County, Ohio

NAMI (National Alliance on Mental Illness) of Erie County is awarding (1) graduating Erie County high school student with $500 to use in the 2025 academic school year. To qualify, you must be attending a college in that year and be pursuing a degree in a behavioral health field. Preference will be shown to those wanting to return to Erie County in Ohio to practice. Please fill out the application and complete and turn in a 150-word essay along with 2 recommendation letters by April 1st, 2025.

Purpose: To encourage awareness of the need for motivated, highly qualified mental health professionals.

Criteria • Applicants must be completing or have completed high school successfully with a minimum unweighted GPA of 3.0 on a 4.0 scale. • Applicants must show proof of being accepted as a full time student at a college, university, or trade school program for the upcoming academic semester. Preference will be given to students wishing to enter into the behavioral health field. Applicants must be a citizen or legal permanent resident of the United States. Applicants must complete and submit a scholarship application by April 1st, 2025. Applicants are notified if awarded a scholarship.

Name_____ Date_____

Mailing Address_____

Phone _____ Email_____

High School_____ County_____

GPA_____ SAT _____ ACT_____
*Please attach a high school transcript and copy of test scores

School you will be attending in the 2025 academic year

_____Full Time ___Part Time

I will be living ___ on campus ___ commuting

High School extracurricular Involvement (may attach a separate paper if needed)

_____

_____

Community Service (List up to 3 with length of time and organization)

_____

_____

_____

*Please attach a typed, double spaced, 12 font document answering the following questions:

1. What field of study are you pursuing and why?
2. What are your short and long term goals?
3. Who is one person that has been influential in your life and why?

Statement of Accuracy:

I hereby affirm that all the above stated information provided by me to NAMI of Erie County is true, correct, and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote NAMI of Erie County. I hereby understand that if chosen as a scholarship winner, according to NAMI of Erie County scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant:

_____ Date: _____

Parent/Guardian Name_____

Address_____

Email_____

Phone_____ Signature_____

*See next page

Please attach a letter of reference. Mail all contents to:
NAMI of Erie County % ADAMHS Board
2900 Columbus Ave, 2nd Floor
Sandusky, OH 44870