

IMHCA SCHOLARSHIP APPLICATION

A. GENERAL APPLICANT INFORMATION

First Name _____ Last Name _____

Email address _____

Phone number _____

Home address

City _____ State _____ Zip/Postal code _____

B. EDUCATIONAL BACKGROUND INFORMATION:

Graduate school attended _____

If completed, graduation date _____

If currently attending school, expected graduation date _____

C. EMPLOYMENT INFORMATION:

Date	Position	Company Name	City/State

D. SCHOLARSHIP OF INTEREST (please check which scholarship you would like to be considered for)

	\$1,000 Academic Scholarship Applicants must be current graduate students within a counseling program and must also have a current student membership with IMHCA.
	\$200 Conference Scholarship Applicants must be current IMHCA members.

IMHCA SCHOLARSHIP APPLICATION

TO BE COMPLETED ONLY BY MEMBERS APPLYING FOR THE \$1,000 ACADEMIC SCHOLARSHIP:

- ❖ One letter of recommendation from a graduate level professor within your academic program.

TO BE COMPLETED BY MEMBERS APPLYING FOR \$200 CONFERENCE SCHOLARSHIP:

- ❖ Write and submit a letter of professional involvement with IMHCA (including attendance at previous years' conferences) and within the field of mental health counseling.

APPLICATION STATEMENT:

The information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application will disqualify me from being a recipient of this scholarship.

I (please print name) _____ agree to the above statement.

Applicant's Signature

Date _____

Completed material should be emailed to: nominations@imhca.net

*Please note – if you would like to send materials via postal mail, contact Julie Hewitt at nominations@imhca.net.

All applications and materials must be received by March 16, 2017.