



**KATHRYN J. DAVIS
SCHOLARSHIP APPLICATION**

**FOR FALL SEMESTER, ACADEMIC YEAR
2024-2025**

**AWARDED BY
MENTAL HEALTH AMERICA
OF DUBUQUE COUNTY**

PURPOSE:

To provide a \$1000 scholarship to a high school or college student who resides in Dubuque County, has a mental health diagnosis, and is pursuing further education. All applications will be kept confidential.

REQUIREMENTS: Please submit the following documents for committee review.

1. Completed application form. If handwritten, please make sure it is legible.
2. Copy of a transcript from high school or the most recent college attended. A minimum of 2.5 cumulative GPA is required to apply.
3. One letter of recommendation.
4. Personal essay (250-500 words), in which you should address the following:
 - Describe your desire to go to school/major
 - Describe how having a mental health diagnosis has impacted your life and academics
 - What are you planning to do with your degree? What are your ultimate academic goals? What do you want to do with your education?
5. Must be accepted or plan to attend a college/university or community college. Please list the name of the college you are planning to attend on the application. Must be planning to attend at least part-time or a minimum six credit hours per semester.
6. Must be a resident of Dubuque County.
7. Must have a mental health diagnosis. A qualified mental health professional must complete the Disability Verification form. A *qualified mental health professional* is defined as a person who meets *all* of the following conditions:
 - a. holds at least a Master's degree in a mental health field; or is a doctor of medicine or osteopathic medicine, or a nurse practitioner, and
 - b. holds a current license.
8. Prior awardees can reapply annually.

SELECTION CRITERIA:

A Selection Committee from Mental Health America of Dubuque County will choose the recipient of this scholarship based on the criteria described above.

AWARD:

Scholarships are awarded for \$1000 and will be issued for Fall Semester, 2024-2025 Academic Year. Scholarships can be used to offset tuition, books, lab fees, data services fees, or adaptive devices/technology. The scholarship money is contingent upon the recipient's acceptance to, or continuation in, a college/university or community college. Scholarships will be paid directly to the school (accounts office, bookstore, department) or the appropriate business.

DEADLINE:

The due date for scholarship applications is May 31, 2024. The student's application and transcript must be postmarked by 11:59 p.m., May 31, 2024. Electronic copies will be accepted. Please submit your completed application and documents in the same envelope to:

Mental Health America of Dubuque County
Attn: Scholarship Committee
Box 283
Dubuque IA 52004-0283

or email: info@mhadbq.org

The Mental Health America of Dubuque County Scholarship Committee will notify scholarship recipient by June 30, 2024.



**SCHOLARSHIP APPLICATION
FOR ACADEMIC YEAR 2024-25**

General Information:

Please include the following information in typed format. You may use this form or create your own to include all of the information listed below. No handwritten documents will be considered.

Application deadline: 11:59 p.m. May 31, 2024.

Name: _____

Present Address: _____

City/State/Zip: _____

Home Phone: _____

E-Mail Address: _____

Previous/ current educational Institutions attended/attending:

High School: _____

Dates: _____ Graduation date: _____

College/University/ Community College: _____

Dates: _____ Graduation Date: _____

College/University or Community College you plan to attend:

What area of study are you interested in? _____

How long have you been a resident of Dubuque County? _____

What is your mental health diagnosis? _____

Please list and describe your level of activity in any organizational memberships/affiliations, academic or community-based activities that you have or do participate in.

By signing below, I attest that all information given in my application packet is accurate.

Applicant Signature

Date

Send Completed Application and other requirements to:

**Mental Health America of Dubuque County
Attn: Scholarship Committee
Box 283 Dubuque IA 52004-0283 or to
info@mhadbq.org**

**MENTAL HEALTH AMERICA OF DUBUQUE COUNTY
SCHOLARSHIP APPLICATION**

Verification of Mental Health Diagnosis Form

Please have your qualified mental health professional complete the following information and submit with your scholarship application.

Name of Patient/Client:_____ Date of Birth_____

Address:_____

City:_____ State _____ Zip Code _____

Verification of Mental Health Diagnosis

Current mental health diagnosis (DSM-5):

DSM-5 Personality Disorder Diagnosis, if any:_____

Name of Qualified Mental Health Professional:_____

Address:_____

City:_____ State _____ Zip Code _____

Phone:_____ Fax: _____

Print Name_____

Signature of Qualified Mental Health Professional

Date

(No other disability verification form will be accepted)