

Mail to: **QUINCO Mental Health Center**
Scholarships
Attn: Haley Rhodes
10710 Old Highway 64
Bolivar, TN 38008

Applications must be postmarked by:
March 16, 2020

QUINCO SCHOLARSHIP

DECLARATION OF INTEREST APPLICATION

_____	_____	____/____/____
Student's Name		Date of Birth
_____	_____	_____
Street Address	City/State/Zip	County of Residence
_____	_____	_____
Father's Name	Father's Occupation	Father's Annual Income
_____	_____	_____
Mother's Name	Mother's Occupation	Mother's Annual Income

HOUSEHOLD COMPOSITION

Name: _____	Age: _____	Relationship to Student: _____
Name: _____	Age: _____	Relationship to Student: _____
Name: _____	Age: _____	Relationship to Student: _____
Name: _____	Age: _____	Relationship to Student: _____

High School: _____

Current Grade Point Average: _____ Expected Date of Graduation: _____

College/University You Plan to Attend: _____

(give full address) _____

Planned Major: _____

Must be psychology, social work, counseling, nursing, medicine, or sociology

Give a brief statement in your own handwriting concerning your career plans: _____

Student Signature _____ Parent/Guardian Signature _____

➤ ALL QUESTIONS ON APPLICATION MUST BE COMPLETED TO BE CONSIDERED ◀

SCHOOL REPRESENTATIVE REFERENCE FORM

(THIS FORM MUST BE SUBMITTED WITH THE APPLICATION)

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NAME OF STUDENT: _____ NAME OF SCHOOL: _____

CITY: _____ COUNTY OF RESIDENCE: _____

Student currently attends high school in your county? Yes _____ No _____

Student is expected to graduate this year? Yes _____ No _____

Student has a GPA of 2.5 or above? Yes _____ No _____

Is student generally a responsible person? Yes _____ No _____

Is student a socially acceptable person? Yes _____ No _____

Is student's character within acceptable standards? Yes _____ No _____

Is student generally motivated to achieve? Yes _____ No _____

Is student respected by peers? Yes _____ No _____

Is student respected by faculty? Yes _____ No _____

Does the student participate in any of the following:

Sports Yes _____ No _____

Theatre Yes _____ No _____

Band Yes _____ No _____

Clubs Yes _____ No _____

Editorials Yes _____ No _____

SADD Yes _____ No _____

Student Council Yes _____ No _____

Would you recommend this student? Yes _____ No _____

DATE: _____ SIGNATURE & TITLE: _____

(TO BE COMPLETED BY GUIDANCE COUNSELOR, PRINCIPAL, OR HIS/HER DESIGNEE)