

GUIDELINES FOR QUINCO SCHOLARSHIP PROGRAM

ADMINISTRATION

This scholarship program is administrated by the Quinco Community Mental Health Center, Inc., 10710 Old Highway 64, Bolivar, TN 38008, 731-658-6113, a private non-profit corporation.

The board of directors of Quinco Mental Health Center reserves the right to make changes in the program as deemed appropriate including discontinuance of the program at any time.

Any questions should be directed to Haley Rhodes at the above location.

ELIGIBLE SCHOOLS

Quinco Mental Health Center provides scholarship funds to eligible students of the following high schools:

Bolivar Central High School	-Bolivar	- Hardeman Co.
Middleton High School	-Middleton	- Hardeman Co.
Chester Co. High School	-Henderson	- Chester Co.
Riverside High School	-Decaturville	- Decatur Co.
Hardin Co. High School	-Savannah	- Hardin Co.
Adamsville High School	-Adamsville	- McNairy Co.
McNairy Co. High School	-Selmer	- McNairy Co.

\$1000 in scholarship money will be awarded to each of the five original counties served by Quinco. The Board of Directors reserves the right to distribute the scholarship money between the schools in their respective counties.

SCHOLARSHIP AWARDS

Students will be selected for the scholarship prior to graduation. A representative from Quinco Mental Health Center may present the scholarship to the recipient at graduation exercise or Awards Day ceremonies. Payment of the scholarship will be made directly to the accredited college or university chosen by the student upon the student's admission. This scholarship will be a one-time award for the selected student.

It is intended that this scholarship award will be given annually.

RESIDENCY REQUIREMENTS

1. Any high school senior that attends one of the above listed high schools.
2. Senior must live in same county that they attend school.

Any high school senior meeting the eligibility criteria may apply for this scholarship.

ELIGIBILITY REQUIREMENTS

To be eligible the student must:

1. Be a senior expecting to graduate in the current year;
2. Meet residency requirements as stated above;
3. Have a grade point average of 2.5 or better;
4. Plan to pursue a course of study in one of the following fields: psychology, medicine, nursing, social work, sociology, counseling, or other health related field;
5. Complete a declaration of interest application and forward it to Quinco Mental Health Center no later than the deadline specified on the application.

APPLICATIONS

Applications will be available to the principal and/or guidance counselors from the eligible schools. Extra copies may be obtained by writing Quinco Mental Health Center, 10710 Old Highway 64, Bolivar, TN 38008, or by calling 731-203-1005.

Applications **must** be complete with all appropriate signatures. Students who are making application should make sure a copy of their application has been mailed to Quinco Mental Health Center at the above address.

REFERENCE FORM

Each application must have a school representative reference form attached to be considered.

SELECTION COMMITTEE

The members of the board of directors of Quinco Mental Health Center will review the applications and select the recipients of the scholarships.

Mail to: QUINCO Mental Health Center
Scholarships
Attn: Mark Barber
10710 Old Highway 64
Bolivar, TN 38008

Applications must be postmarked by:
March 15, 2021

QUINCO SCHOLARSHIP

DECLARATION OF INTEREST APPLICATION

_____	_____	_____/_____/_____ Date of Birth
Student's Name		
_____	_____	_____
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)

MAIL TO: **Quinco Mental Health Center**
Scholarships
Attn: Mark Barber
10710 Old Highway 64
Bolivar, TN 38008

Applications must be postmarked by: **March 15, 2021**

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)