



# Mercer County Professional Counselors Association

## Caring for Humanity Scholarship Application

Awards from \$250 - \$1,000  
Application Deadline – April 8, 2019

### Criteria:

- The recipient should demonstrate a level of dedication to improving the lives of others through service to either their school or community.
- The recipient should be able to maintain a cumulative B or 3.0 average on a 4.0 scale.
- The recipient must be a member of the current graduating class, attending a Mercer County public or parochial school.
- The recipient must be able to prove acceptance to an accredited college prior to receipt of the award.
- The recipient's School Counselor must be a member in good standing of Mercer County Professional Counselors Association.

### Information to Submit to Selection Committee:

- Nominee Background Information
- **Counselor recommendation \***
- **Service project recommendation from school or community service agency \***
- Official high school transcript
- Essay

\*All recommendations are mandatory, and their exclusion will disqualify applicants for this scholarship.

## Nominee Background Information

### PLEASE PRINT OR TYPE

Full Name of Applicant \_\_\_\_\_  
First Last Middle Initial

Home Address \_\_\_\_\_  
Street City/State Zip

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_ Last 4 digits of Social Security Number \_\_\_\_\_

### THIS SECTION IS TO BE COMPLETED BY THE APPLICANT'S COUNSELOR:

Are you a current member of MCPCA? If not, please submit the mandatory membership application and fee. Membership applications can be found at [www.mcpcanet.net](http://www.mcpcanet.net).

High School \_\_\_\_\_ Grade Point Average \_\_\_\_\_ on a \_\_\_\_\_ scale.

Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_ Counselor's Name \_\_\_\_\_

Counselor's Email \_\_\_\_\_ Counselor's Signature \_\_\_\_\_

**Counselor's signature verifies that the application is complete with the two necessary recommendations, transcript, and essay. Counselor must be a member of MCPCA prior to submitting this application.**

Please mail entire application packet to:

Mrs. Kathy Jensen

MCPCA

81 Village Drive East

Hamilton, NJ 08620

Last Name

First Name

Please list significant activities, leadership positions, and honors/recognitions. Place and (X) in the grades column when activities occurred. You may attach a student resume instead.

| Activities | 9 | 10 | 11 | 12 | Leadership Position/Honors |
|------------|---|----|----|----|----------------------------|
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List Community Activities:

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**Please write a short essay clarifying why you would be deserving of this scholarship. Typed essays are encouraged and must be attached. Please be sure to place your name on any attached documentation.**

*Applications postmarked after April 8, 2019 will be excluded.  
**Counselor must be a member of MCPCA prior to submitting this application.**  
 Questions can be directed to [MCPCAScholarships@gmail.com](mailto:MCPCAScholarships@gmail.com).*

