



BEXAR COUNTY

BEHAVIORAL HEALTH & WELLNESS CONFERENCE

The 2018 Wood Group Educational Scholarship

The Wood Group

The Wood Group provides behavioral health services to the mental health community across the State of Texas. Their behavioral health services have been designed to meet the needs of individuals with severe and persistent mental illness. The Wood Group partners with local community centers and other agencies to provide quality behavioral health care services. The mission of The Wood Group is to provide quality behavioral health services that assist individuals with mental illness or other special needs to live healthy and productive lifestyles within their communities.

Scholarship Description:

Annually, during the Bexar County Behavioral Health and Wellness Conference, The Wood Group awards two educational scholarships for individuals pursuing higher education. The scholarship award can be used for academic books, materials, school fees, or tuition for postsecondary education.

Award Value:

\$300.00 per scholarship. Two scholarships are currently available.

Who may apply for this scholarship? Who is eligible?

- Any resident of Bexar County, age 17 years or older, who has received, or is currently receiving, services for Mental Health, Intellectual Developmental Disability or Substance Abuse and currently enrolled in school (high school or college) for Academic Year 2018. Individuals must currently be enrolled or plan to be enrolled at any trade school/certification program/university or college. Individual must have at least a 2.0 accumulative GPA and can be a Full or Part-Time Student. Participation in community involvement is recommended but not necessary.

What must the person do to apply for the scholarship?

- Individuals may self-nominate or be nominated by someone else.
- Complete the following requirements to apply for the scholarship:
 - Must show current enrollment or proof of anticipated enrollment at school or university through transcript or FAFSA award.
 - Must complete Nomination Form.
 - Must complete Narrative Form discussing overcoming personal adversity and educational goals.
 - Must complete Biography Form.
 - Must complete Consent for Publication Form.
 - Letter of Recommendation from someone who can discuss the applicant's strength of character and commitment to their educational pursuits.
- Winners will be notified via USPS letter and/or via email. Winners will need to attend the 2018 Behavioral Health and Wellness Conference Awards Ceremony to receive scholarship check.
- **Past winners cannot be recipients of this scholarship.**

When is the scholarship application due?

- Completed Scholarship applications are due either in person or via email or postmarked no later than **August 31, 2018**.

How are the scholarships evaluated?

- Scholarships will be evaluated by the Behavioral Health and Wellness Conference Steering Committee. Nominations will be evaluated on completion of required documents, personal narrative revealing continuous learning and growth from overcoming personal adversity and discussion of goals toward continuation of educational pursuit.

Scholarship Scoring Rubric

The following guidelines will be used by the review committee to evaluate the scholarship application and the recommendation letter.

- Must complete Nomination Form
- Must show current enrollment or proof of anticipated enrollment at school or university through transcript or FAFSA award.
- Must complete Narrative Form discussing overcoming personal adversity and educational goals.
- Must complete Biography Form
- Must complete Consent for Publication Form
- Letter of Recommendation from someone who can discuss the applicant's strength of character and commitment to their educational pursuits.

Nomination Form:

Completed

Not Completed

Current Enrollment:

Provided current transcript or FAFSA award documentation

Did not provide current transcript or FAFSA award documentation

Narrative Form:

Discusses overcoming personal adversity

Discusses educational goal

Discusses career goal

Biography Form:

Completed

Not Completed

Letter of Recommendation:

Discusses the applicant's strength of character and commitment to their educational pursuits

Did not discuss the applicant's strength of character and commitment to their educational pursuits

The Wood Group Educational Scholarship Nomination Form

Name of Nominee _____

Home Address _____

Phone Number _____ Email Address _____

Current School Attending _____ Expected Graduation Date _____

This nomination packet must include:

- Completed Nomination Form
- Narrative, not to exceed one page
- Brief Biography, not to exceed one page
- Letter of Recommendation
- Signed Nominee(s) Release Form (If appropriate)

The completed nomination packet must be mailed, emailed, or hand delivered and received no later than close of business on August 31, 2018 to:

The Center for Health Care Services
18th Annual Bexar County Behavioral Health and Wellness Conference: Wood Educational Scholarship
c/o Awards Committee
Attention: Rachel Halvaksz
6800 Park Ten Blvd., Suite 200-S
San Antonio, Texas 78213
rhalvaksz@chcsbc.org

The Wood Group Educational Scholarship Narrative Form

Please print or type a one page personal narrative discussing how you are overcoming personal adversity and what your educational/career goals. Be specific. You are welcome to include how the scholarship will be used for your educational goals.

The Wood Group Educational Scholarship Biography Form

Please print or type a brief description about yourself that can include where you grew up and schools that you attended. This information will be used for the introduction and not to support or continue the narrative. A paragraph can be sufficient.

Consent for Publication

By my signature below, I give The Center for Health Care Services and The Wood Group consent to
(Name of Organizations)
interview, photograph, film, and/or record _____ for the following uses:
(Name of Nominee)

Any publicity activities associated with the 2018 Bexar County Behavioral Health and Wellness Conference and the events associated with it.

I understand that the materials may be reproduced, reprinted or published in any form by this organization, except as restricted in the following ways (for example, time limits, or limits in use of the individual’s name): _____

I understand that I may withdraw my consent or revise the restrictions on it at any time. I also understand that the organization is not liable for any actions taken in reliance of my consent as given here before the consent is withdrawn or revised. To withdraw or modify consent, I must contact the organization at:

The Center for Health Care Services
Attention: Rachel Halvaksz
6800 Park Ten Blvd., Suite 200-S
San Antonio, Texas 78213
rhalvaksz@chcsbc.org

Print or Type Name of Individual

Signature of Individual

Date

Print Name of Legal Representative (If applicable)

Signature of Legal Representative

Date