

## The 2022 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 an educational scholarship for an individual pursuing higher education. The scholarship award can be used for academic books, materials, school fees, or tuition for postsecondary education.

#### **Award Value:**

\$500.00 per scholarship. One scholarship is 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 2022-2023. 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 email. Winners will need to attend the 2022 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, via email or postmarked no later than **September 21, 2022**.

## 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 September 21, 2022 to:

## 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 H		od Group consent to	
interview photograph film and/or record	(Name of Organizations)	for the following uses:	
interview, photograph, film, and/or record	(Name of Nominee)	for the following uses:	
Any publicity activities associated with the 2022 Bexar County Behavioral Health and Wellness Conference and the events			
associated with it.			
I understand that the materials may be repro	oduced, reprinted or published i	n any form by this organization, except as	
restricted in the following ways (for example,	time limits, or limits in use of the	e individual's name):	
	in reliance of my consent as give	en here before the consent is withdrawn or	
06			
	San Antonio, Texas 78213		
	aesparza@chcsbc.org		
Print or Type Name of Individual  Print Name of Legal Representative (If applicable)	Signature of Individual Signature of Legal Representative		