

# MENTAL HEALTH AWARENESS COALITION SCHOLARSHIP

## Application Form Deadline: September 14, 2018

*The purpose of the Mental Health Awareness Coalition Scholarship is to acknowledge the work of Dr. Max Dine & Marilyn Racer for their many years of dedicated service on behalf of the mental health community. Their advocacy efforts have raised awareness and positively impacted treatment and increased opportunities for persons living with mental illness in Arizona and throughout the United States. The Mental Health Awareness Coalition Scholarship assists adults diagnosed with a mental illness in gaining educational opportunities for life enrichment, employment and higher education. Applications are due September 14, 2018, and scholarship recipients will be notified by October 5, 2018.*

**\*PRINT neatly or TYPE your responses using black ink.**

Check the box below which meets the minimum qualifications for the Scholarship

18 years or older  
 Mental Health Diagnosis or Behavioral Health Disorder

### Applicant's General Information

(First Name) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last Name) \_\_\_\_\_

(Mailing Address) \_\_\_\_\_

(City) \_\_\_\_\_ Arizona \_\_\_\_\_ (Zip Code) \_\_\_\_\_

(Phone) \_\_\_\_\_ (Email Address) \_\_\_\_\_

### Applicant's Certification and Signature:

*I certify that I am a citizen of the United States of America and that all the information provided in this Application Form and attached documents are true and complete to the best of my knowledge.*

\_\_\_\_\_  
Print Your Name \_\_\_\_\_ Sign Your Name \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

If you have a Guardian, it is desired but *not* required to have them sign below:

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Guardian (Print)

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Guardian (Sign)

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Date

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**\*PRINT neatly or TYPE your responses using black ink.**

Complete and submit the Application Form with the following required documents:

- A written statement of not more than one (1) page in length sharing your reasons for applying for a MENTAL HEALTH AWARENESS COALITION SCHOLARSHIP **and** your experience as a person living with a mental illness or behavioral health disorder.

**Mail, Email, or Fax application and required documents to:**

MAIL: Mental Health Awareness Coalition Scholarship Committee  
Attn: Tiffani Cullin, MIKID  
7816 N. 19<sup>th</sup> Avenue  
Phoenix, AZ 85021

Email: [tiffanic@mikid.org](mailto:tiffanic@mikid.org)

FAX: 602-840-3409

