

# Heart of Texas Counseling Association Scholarship Application

**Eligibility requirements:**

- Student must be entering a college or university in the Fall following graduation;
- Student must be planning a career in a mental health-related field;
- Student's counselor or parent must be a member of the Heart of Texas Counseling Association;
- Application must be filled out completely;
- A one-page essay explaining student's personal, educational, and career goals must be attached;
- An unofficial transcript must be attached; and
- Proof of acceptance to college must be included in the application.

Due by March 25, 2010

Return to: Sylvia Edwards-Borens, PhD  
1609 Oak Hollow Dr.  
Woodway, Texas 76712  
(254) 732-3892

Name \_\_\_\_\_

Photograph  
(optional)

Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Place Employed \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Place Employed \_\_\_\_\_

With whom do you live? \_\_\_\_\_

List below everyone who lives in your home except you and your parents/guardians:

Name	Relationship to you	Age	In School?	If so, where?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How many children will be living at home next year? \_\_\_\_\_

Name and address of high school you attend: \_\_\_\_\_

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Name of College or school you wish to attend: \_\_\_\_\_

What will be your course of study? \_\_\_\_\_

How do you propose to finance your schooling? Work \_\_\_\_\_ Grants \_\_\_\_\_ Scholarships \_\_\_\_\_

Parent Contribution \_\_\_\_\_ Are you employed? YES NO If yes, where? \_\_\_\_\_

**Academic Information:**

Grade Point Average \_\_\_\_\_ Rank/Number in graduating class \_\_\_\_\_

SAT Composite \_\_\_\_\_ ACT Composite \_\_\_\_\_

List school, community, church, and club activities in which you have participated:

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List offices you have held and/or honors you have received: \_\_\_\_\_

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List two persons (one school and one community) who could recommend you:

Name	Address	Phone
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_____	_____	_____
_____	_____	_____

NAME OF PARENT OR COUNSELOR WHO IS A MEMBER OF THE HEART OF TEXAS COUNSELING ASSOCIATION:

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Signature of Applicant