



AMPLIFIED THERAPY 2026 SCHOLARSHIP PROGRAM

Under the Amplified Therapy 2026 Scholarship Program, multiple \$500 scholarships will be awarded to graduating seniors attending high schools in Catron, Eddy, Grant, Hidalgo, Lincoln, Luna, and San Juan counties, in New Mexico.

PROGRAM GUIDELINES & PRIORITIES:

- *Preference goes to graduating high school seniors with an interest in Healthcare related fields and/or Early Childhood Education. Students with other degrees will be considered.*
- *Applicants must plan to attend a two (2)-year community college or four (4)-year college or university.*
- *Scholarship funds will be paid during the month of **April 2026**—directly to the student for college-related funds (i.e., tuition, books, school supplies, etc.)*
- *Applicants must have the endorsement of their Guidance Counselor on their application, attesting they are qualified for this scholarship program.*
- *Applications must be received by Amplified Therapy no later than **Sunday, March 1st, 2026**. Late applications will not be accepted.*

*Email one copy of a completed and typed application package to: scholarship@amplifiedtherapy.com
(This includes application with signoff by Guidance Counselor, essay, and letter of recommendation)*

*The applications will be reviewed, and recipients selected by the Amplified Therapy Scholarship Committee. The scholarships will be awarded **April 15th, 2026**.*

REMINDER:

**Applications must be received by Amplified Therapy no later than March 1st, 2026.
There will be no exceptions!**

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner, my picture may be taken and used to promote the Amplified Therapy Scholarship Program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to the Amplified Therapy Scholarship policy, I will try to be present at any awards ceremony and/or reception to receive my scholarship award.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ **Date:** _____

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application to Amplified Therapy Scholarship Program.

Name of Guidance Counselor: _____

High School: _____

Contact information (email and phone): _____

Signature of Guidance Counselor: _____ **Date:** _____