



# AMPLIFIED THERAPY 2025 SCHOLARSHIP PROGRAM

Under the Amplified Therapy 2025 Scholarship Program, (5) \$500 scholarships will be awarded to graduating seniors. Students eligible must be attending and graduating high school located within San Juan County 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 **May 2025**—**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 to Amplified Therapy no later than **Friday, April 5th, 2025**. Late applications will not be accepted.*

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

*The applications will be reviewed, and recipients selected by the Amplified Therapy Inc Scholarship Committee. The scholarships will be reviewed and selected by **May 5th, 2025**.*

# SCHOLARSHIP APPLICATION 2025

Please **type** your answers. Use an additional piece of paper if necessary

[illegible]

7.	<p>A. If you have decided on the college you will attend, please list the school's name:</p>          <p>B. If not, list your top three (3) college choices:</p>          
8.	Anticipated field of study:
9.	Career Goals:
10.	<p>On a separate paper, please write an essay (150-250 words) addressing the following:</p> <p>Please include a personal statement describing your desired career path and how you came to that decision?</p>
11.	One (1) letter of recommendation from a teacher or community leader.

**ATI SCHOLARSHIP COMPLETION CHECKLIST:**

- \_\_\_ Application
- \_\_\_ Essay on separate sheet of paper
- \_\_\_ Guidance Counselor signature
- \_\_\_ One letter of recommendation

**EMAIL COMPLETED APPLICATION PACKAGE TO AMPLIFIED THERAPY AT:**  
**[scholarship@amplifiedtherapy.com](mailto:scholarship@amplifiedtherapy.com)**

**REMINDER:**

**Applications must be received by Amplified Therapy no later than April 4<sup>th</sup>, 2025.  
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 Inc 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 Inc 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 Inc Scholarship Program.

**Name of Guidance Counselor:** \_\_\_\_\_

**High School:** \_\_\_\_\_

**Contact information (email and phone):** \_\_\_\_\_

**Signature of Guidance Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_