



AMPLIFIED THERAPY 2025 SCHOLARSHIP PROGRAM

Under the Amplified Therapy Inc 2025 Scholarship Program, (9) \$500 scholarships will be awarded to graduating seniors attending High Schools in Catron, Grant, Hidalgo, and Luna, NM. There will be one scholarship awarded per school. Eligible high schools include the following: Quemado, Reserve, Cliff, Silver City, Cobre, Aldo Leopold, Lordsburg, Animas, and Deming High.

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 by Amplified Therapy no later than **Friday, April 4th, 2025**. 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 Inc Scholarship Committee. The scholarships will be awarded **May 5th, 2025**.*

SCHOLARSHIP APPLICATION 2024

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

REMINDER:

**Applications must be received by Amplified Therapy no later than April 4th, 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:** _____