

# HCSS, Inc.

## Hanover Community Support Services, Inc. Scholarship Application

Hanover Community Support Services is a 501 (c)(3) non-profit organization, which provides financial support to citizens with developmental disabilities, mental health challenges, and substance use disorder in Hanover County, Virginia.

HCSS works collaboratively with Hanover County Community Services Board (CSB) to identify and support individuals, caregivers, and families in need of assistance. HCSS gives out thousands of dollars each year to families in need. To learn more about HCSS, please visit our website [hcss-inc.org](http://hcss-inc.org) or follow us on Facebook for more frequent updates.

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This year HCSS is offering **TWO \$1,000** scholarships to high school seniors who plan to pursue a career that will serve the community we support and has community service experience with our cliental. Students with the following qualifications will be considered as recipients of the scholarship:

- GPA of a 3.0 or higher
- Be a Hanover County Resident
- Attend a Hanover County Public School (i.e. Atlee, Hanover, Mechanicsville or Patrick Henry High School)
- Have community service or work experience with people who have developmental disabilities, mental health challenges, and/or substance use disorder
- Plans to pursue a degree in one of the following: Special Education, Music Therapy, Occupational Therapy, Social Work, Early Intervention, Adapted Physical Education, Speech-Language Pathology, Therapeutic Recreation, etc.

Applications must be submitted and postmarked by **May 3, 2024**. Please mail your completed application to:

P.O. Box 1594  
Ashland, Virginia 23005

Please contact HCSS at [admin@hcss-inc.org](mailto:admin@hcss-inc.org) with any questions regarding the submission of your application.

# HCSS Scholarship Application

Full Given Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M/F

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

High School Attending: \_\_\_\_\_

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Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to scholarship applicant: \_\_\_\_\_

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**\* Please feel free to add additional pages if more space is needed to answer any of the following questions.**

Do you have any siblings living in your household? If so, please list their names, ages, and schools they attend. \_\_\_\_\_

\_\_\_\_\_

How did you hear about our scholarship: \_\_\_\_\_

\_\_\_\_\_

Which college degree do you plan on pursuing? \_\_\_\_\_

Give a brief response on what made you choose that field of study.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide the name of the college you plan to attend or your top choices:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list any work experience that you have (within the community we serve) if any:

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List any volunteer experience (Please include ALL types of volunteerism and length of service, not just those within the community that HCSS serves.)

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Please list any clubs or extracurricular activities you are involved in at your school and in your community and the length of involvement. \_\_\_\_\_

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What are your interests/hobbies? \_\_\_\_\_

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Please briefly describe your financial need and reason for applying for this scholarship.

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**Essay: Tell us about an experience that had a significant influence on your life that occurred while working or serving within the special needs or mental health/substance use communities.**

**\*Your essay must be a minimum of 750 words. Use 12-point font, double-spaced with 1-inch margins. Attach your essay to the application.**

Letter of Recommendation: You will also need 1 letter of recommendation submitted with your application. You may either mail it with your application or the reference can email it to HCSS at [admin@hcss-inc.org](mailto:admin@hcss-inc.org).

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
If applicant is under 18 years of age

\_\_\_\_\_  
Date

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