

The Thomas Hale Jr. Scholarship Application 2025

Sponsored by: Hanover Community Support Services

The Thomas Hale Jr. Memorial Scholarship is put in place to support one college student throughout all four years of schooling. The student must have a documented mental health diagnosis. This scholarship was created to recognize the challenges and adversity that students face when dealing with mental health, as an adolescent and teenager. It is our hope that the financial support will alleviate some of the financial burden you may have as you enter college. Hanover Community Support Services is excited to offer this renewable \$500 scholarship to one graduating 2025 senior.

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 the 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 or follow us on Facebook for more frequent updates.

Requirements

- Be graduating in 2024-2025 (private, public and homeschool welcome)
- Have a documented mental health diagnosis (Doctor's Note Required)
- Have a 3.0 GPA or higher (Proof Required)
- Plan to pursue higher education via trade school, community college or four-year university (Checks will be made payable directly to the school)
- **1 Letter of Recommendation in addition to this application**

Applications must be postmarked by **May 2, 2025**. Applications can be mailed to:

PO Box 1594
Ashland, Virginia 23005

References or questions may be emailed to HCSS at admin@hcss-inc.org

The Thomas Hale Jr. Scholarship Application 2024

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Name: _____ Age: _____ Gender: M/F

Email Address: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____ Relationship to Applicant: _____

Email Address: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

How did you hear about our scholarship? (Facebook, Guidance Counselor, Friend, etc.)

If you receive this scholarship, would you feel comfortable with HCSS sharing your accomplishment on our Facebook page? Yes No

If you receive this scholarship, do you want it to be announced at your school's end of the year scholarship ceremony? Yes No

*Please note: Your answer to the above two questions will not have any effect on whether or not you receive the scholarship. HCSS wants to be respectful of your mental health condition and your privacy on whether you want that shared or not.

Please feel free to use additional paper if more space is needed to fully answer each question.

1. Do you have any siblings living in the same household? If so, please list their names, ages and schools they attend.

2. Which college degree do you plan on pursuing?

3. Give a brief description of why you chose this field of study.

4. Please list the name of the college you plan to attend or your top 3 choices.

1. _____

2. _____

3. _____

5. This scholarship is for a student who has faced much adversity in their life, focused around mental health. Name three ways in which this scholarship would positively impact your college experience.

6. How have you been impacted by mental health in your life? Explain what challenges it has brought you: emotionally, physically and mentally?

7. When you think about the mental health field, what area would you like to improve and how would you improve it?

8. When you think about mental health, how did you cope and how did you handle your struggles?

9. When you think about how you struggled in the area of mental health, who helped you grow as an individual during the most challenging times?

10. What is the most critical part of mental health for students your age? How can it be improved? What area do you think is overlooked for students your age?

11. How can you bring more awareness to mental health in your age group? What would you do to talk to others about it?

Please provide one reference and documentation of mental health diagnosis.

Applicant's Signature

Date

Parent/Guardian Signature

Date

*If applicant is under 18

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