## 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 or follow us on Facebook for more frequent updates.

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 OR 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
- Be graduating in the 2024-2025 school year (private, public or homeschool school welcome)
- Have community service or work experience with people who have developmental disabilities, mental health challenges, and/or substance use disorder or 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 <u>May 2, 2025</u>. Please mail your completed application to:

P.O. Box 1594 Ashland, Virginia 23005

Please contact HCSS at <u>admin@hcss-inc.org</u> 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:	E1	mail:
High School Attending:			
Parent/Guardian Name:			
Street Address:			
City:	State:	Zip	Code:
Telephone:	Email: _		
Relationship to scholarship ap	pplicant:		
* Please feel free to add add following questions.  Do you have any siblings living schools they attend.	ng in your household	? If so, please li	st their names, ages, and
How did you hear about our so	cholarship:		
Which college degree do you դ	olan on pursuing?		
Give a brief response on what	made you choose tha	t 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:
List any volunteer experience (Please include ALL types of volunteerism and length of service, not just those within the community that HCSS serves.)
Please list any clubs or extracurricular activities you are involved in at your school and in your community and the length of involvement.

What are your interests/hobbies?	
Please briefly describe your financial need and reason for applying fo	r this scholarship.
Essay: Tell us about an experience that had a significant influence occurred while working or serving within the special ne health/substance use communities.  *Your essay must be a minimum of 750 words. Use 12-point font, do	eeds or mental
1-inch margins. Attach your essay to the application.	ubie-spaceu with
Letter of Recommendation: You will also need 1 letter of recommendation your application. You may either mail it with your application or the refer to HCSS at <a href="mailto:admin@hcss-inc.org">admin@hcss-inc.org</a> .	
Applicant's Signature	Date
Parent/Guardian Signature If applicant is under 18 years of age	Date

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