



# QUINCO

## MENTAL HEALTH CENTER

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10710 Old Highway 64 • Bolivar, TN 38008  
Voice: 731-658-6113 • Fax: 731-658-6165

### SCHOLARSHIP PROGRAM GUIDELINES

#### ADMINISTRATION

This scholarship program is administrated by the Quinco Community Mental Health Center, Inc., 10710 Old Highway 64, Bolivar, TN 38008, 731-658-6113, a private non-profit corporation.

The board of directors of Quinco Mental Health Center reserves the right to make changes in the program as deemed appropriate, including discontinuance of the program at any time.

Any questions should be directed to Haley Rhodes at the above location.

#### ELIGIBLE SCHOOLS

Quinco Mental Health Center provides scholarship funds to eligible students of the following high schools:

Bolivar Central High School	-Bolivar	- Hardeman Co.
Middleton High School	-Middleton	- Hardeman Co.
Chester Co. High School	-Henderson	- Chester Co.
Riverside High School	-Decaturville	- Decatur Co.
Hardin Co. High School	-Savannah	- Hardin Co.
Adamsville High School	-Adamsville	- McNairy Co.
McNairy Co. High School	-Selmer	- McNairy Co.

\$1000 in scholarship money will be awarded to each of the five original counties served by Quinco. The Board of Directors reserves the right to distribute the scholarship money between the schools in their respective counties.

## **SCHOLARSHIP AWARDS**

Students will be selected for the scholarship before graduation. A Quinco Mental Health Center representative may present the scholarship to the recipient at the graduation exercise or Awards Day ceremonies. Payment of the scholarship will be made directly to the accredited college or university chosen by the student upon the student's admission. This scholarship will be a one-time award for the selected student.

It is intended that this scholarship award will be given annually.

## **RESIDENCY REQUIREMENTS**

1. Any high school senior that attends one of the above-listed high schools.
2. Seniors must live in the same county where they attend school.

Any high school senior meeting the eligibility criteria may apply for this scholarship.

## **ELIGIBILITY REQUIREMENTS**

To be eligible, the student must:

1. Be a senior expecting to graduate in the current year;
2. Meet residency requirements as stated above;
3. Have a grade point average of 2.5 or better;
4. Plan to pursue a course of study in one of the following fields: psychology, medicine, nursing, social work, sociology, counseling, or other health-related fields;
5. Complete a declaration of interest application and forward it to Quinco Mental Health Center no later than the deadline specified on the application.

## **APPLICATIONS**

Applications will be available to the principal or guidance counselors from the eligible schools. Extra copies may be obtained by writing Quinco Mental Health Center, 10710 Old Highway 64, Bolivar, TN 38008, or by calling 731-203-1005.

Applications **must** be complete with all appropriate signatures. In addition, students applying should ensure a copy of their application is mailed to Quinco Mental Health Center at the above address.

**REFERENCE FORM**

Each application must have a school representative reference form attached to be considered.

**SELECTION COMMITTEE**

The board of directors of Quinco Mental Health Center will review the applications and select the recipients of the scholarships.

Mail to: **QUINCO Mental Health Center Scholarship**  
Attn: Mark Barber  
10710 Old Highway 64  
Bolivar, TN 38008

Applications must be postmarked by:  
**March 15, 2023**

## QUINCO SCHOLARSHIP

### DECLARATION OF INTEREST APPLICATION

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_____		____/____/____
Student's Name		Date of Birth
_____	_____	_____
Street Address	City/State/Zip	County of Residence
_____	_____	_____
Father's Name	Father's Occupation	Father's Annual Income
_____	_____	_____
Mother's Name	Mother's Occupation	Mother's Annual Income

#### HOUSEHOLD COMPOSITION

Name: _____	Age: _____	Relationship to Student: _____
Name: _____	Age: _____	Relationship to Student: _____
Name: _____	Age: _____	Relationship to Student: _____
Name: _____	Age: _____	Relationship to Student: _____

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

Current Grade Point Average: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

College/University You Plan to Attend: \_\_\_\_\_

(give full address) \_\_\_\_\_

\_\_\_\_\_

Planned Major: \_\_\_\_\_

\*Must be psychology, social work, counseling, nursing, medicine, or sociology\*

Give a brief statement in your own handwriting concerning your career plans: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Student Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**> ALL QUESTIONS ON APPLICATION MUST BE COMPLETED TO BE CONSIDERED <**

# SCHOOL REPRESENTATIVE REFERENCE FORM

(THIS FORM MUST BE SUBMITTED WITH THE APPLICATION)

MAIL TO: **Quinco Mental Health Center Scholarship**  
Attn: Mark Barber  
10710 Old Highway 64  
Bolivar, TN 38008

Applications must be postmarked by:  
**March 15, 2023**

NAME OF STUDENT: \_\_\_\_\_ NAME OF SCHOOL: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY OF RESIDENCE: \_\_\_\_\_

Student currently attends high school in your county? Yes \_\_\_\_\_ No \_\_\_\_\_

Student is expected to graduate this year? Yes \_\_\_\_\_ No \_\_\_\_\_

Student has a GPA of 2.5 or above? Yes \_\_\_\_\_ No \_\_\_\_\_

Is student generally a responsible person? Yes \_\_\_\_\_ No \_\_\_\_\_

Is student a socially acceptable person? Yes \_\_\_\_\_ No \_\_\_\_\_

Is student's character within acceptable standards? Yes \_\_\_\_\_ No \_\_\_\_\_

Is student generally motivated to achieve? Yes \_\_\_\_\_ No \_\_\_\_\_

Is student respected by peers? Yes \_\_\_\_\_ No \_\_\_\_\_

Is student respected by faculty? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the student participate in any of the following:

Sports Yes \_\_\_\_\_ No \_\_\_\_\_

Theatre Yes \_\_\_\_\_ No \_\_\_\_\_

Band Yes \_\_\_\_\_ No \_\_\_\_\_

Clubs Yes \_\_\_\_\_ No \_\_\_\_\_

Editorials Yes \_\_\_\_\_ No \_\_\_\_\_

SADD Yes \_\_\_\_\_ No \_\_\_\_\_

Student Council Yes \_\_\_\_\_ No \_\_\_\_\_

Would you recommend this student? Yes \_\_\_\_\_ No \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE & TITLE: \_\_\_\_\_

(TO BE COMPLETED BY GUIDANCE COUNSELOR, PRINCIPAL, OR HIS/HER DESIGNEE)