

# Red Rock Cares Foundation

## Scholarship Application

#### INSTRUCTIONS FOR APPLICATION – ACADEMIC YEAR 2024

- 1. The deadline for the 2024 scholarship application: March 30, 2024. Applications received after March 30<sup>th</sup> will be considered on a funds available basis.
- 2. Only complete applications will be considered. DO NOT LEAVE ANY ITEMS BLANK.
- 3. Attach a current copy of your high school or college transcript or GED.

Consideration for any scholarship award is based on a point system including GPA, participation in extracurricular activities, school organization and community service.

#### \*\*PLEASE TYPE OR PRINT LEGIBLY\*\*

#### APPLICANT DATA

Last Name	First Name	MI	DOB
Home Address	Phone Number		
City	State	Zip Code	County
EDUCATIONAL DAT	'A		
Educational Interest Level:	GED College Trade/Vocational School		
Current Education Level:	Graduating Senior	College Tra	ade/Vocational School
Do you have a GED? If yes, attach a copy			ate Received GED
	n (If additional space is needed attac	th a separate page ) Co	ertification or Degree Path



### SPECIAL SCHOLARSHIP INFORMATION

Red Rock Cares Foundation scholarships require certain qualifications. If you need additional space attach a second page.

1.	Have you or a family member received services from Red Rock BHS? If yes, where?		
2.	Are you or an immediate family member an employee of Red Rock BHS?		
3.	List any extra-curricular activities you have been involved in number of years involved in each activity.	in (ex: sports, clubs, FFA, etc.) and the	
4.	List any community service activities you have been involv	ved in.	
5.	List any awards and honors you have received.		
6.	6. Attach an essay or record a video explaining what you are passionate about, what motivates you to the best job possible, and why you are applying for this scholarship. An essay with a maximum of words or less and/or a three minute or less video. Please use link below to submit video or essay (attached to this application.		
certi	fy the information on this application is true and correct to th	ne best of my knowledge.	
ignat	ure of Applicant	Date	
rinte	d Name and Signature of Referral	Date	



Return this application with all required documentation to one of the following:

Option One - Mail to: Attn: Jenna Cansler

Red Rock Behavioral Health Services

4400 N. Lincoln Blvd.

Oklahoma City, OK 73105

Option Two – Return to your clinician

Option Three – Submit video or essay and transcript to this link:



The Red Rock Cares Foundation does not discriminate on the basis of age, sex, color, national origin, race and/or disability. In addition, this application is confidential and only shared with the scholarship committee.