

The Sherry S. Hintz Scholarship Fund

THE FUND

The Sherry S. Hintz Scholarship Fund was created by an anonymous donor in memory of the women of the Hintz family (especially the donor's sister, Sherry). The Fund provides college scholarship awards to students who have lost a parent/guardian to breast or ovarian cancer. The Fund is administered through the Montgomery County Community Foundation (MCCF) in partnership with the Mental Health Association (MHA) of Montgomery County, Maryland.

AWARD AVAILABILITY

Awardees of the Sherry S. Hintz Scholarship Fund may receive up to \$20,000 per year for as many as four years of undergraduate education.

ELIGIBILITY

You may be eligible if you:

- Are a resident of Montgomery County, Maryland
- Are a member of a family with demonstrated financial need
- Are a high school junior, senior, or a high school graduate under 22 years old
- Have achieved at least a 3.0 GPA
- Are involved in a school, community, or athletic activity, ideally in a leadership position
- Have lost a parent or primary guardian to breast or ovarian cancer
- Wish to attend college

SELECTION CRITERIA

Applicants will be considered on the basis of need and general quality of the application, with preference given to those who have achieved academic excellence and been involved in school, community, and/or athletic activities, particularly in positions of leadership.

NOTIFICATION & FOLLOW UP

The Selection Committee will arrange interviews for finalists in March. Students will be notified of their application status in April. Each year, awardees will be expected to complete an annual questionnaire on the progress of their higher education, report on how their scholarship grants were spent (tuition, books, fees, childcare, etc.), and provide MHA with their updated contact information as needed.

CHECKLIST OF MATERIALS

- Signed application form
- Statement of Goals essay sheet
- FAFSA Student Aid Report
(High school seniors and graduates only)
- Family Financial Need Statement
(High school juniors only)
- Transcript
(High school or college transcript, if already attending school)
- Academic Recommendation Form
- Leadership Recommendation Form
(Recommendations must be enclosed in a sealed envelope with the reference's signature across the seal. These 2 forms may be mailed separately.)

APPLICATION DEADLINE

All applications and attachments must be postmarked by **March 5, 2012**. Applications must be mailed or delivered to:

**Mental Health Association
c/o Stefanie Moreno
Director, Human Resources
1000 Twinbrook Parkway
Rockville, MD 20851**

QUESTIONS

Questions about the Sherry S. Hintz Scholarship Fund may be directed to Stefanie Moreno, Deputy Director, Mental Health Association, at 301-424-0656 x508, smoreno@mhamc.org.

The Sherry S. Hintz Scholarship Fund

APPLICATION FORM

Please type your answers or print clearly using blue or black ink. Use the reverse side or additional pages as needed.

PERSONAL INFORMATION

First Name Middle Initial Last Name

Street Address (Apt. #) City State Zip

Home Phone Work Phone

Cell Phone Email

Birth Date: _____ Social Security Number: _____
(Mo./Day/Yr.)

I plan to earn a degree from the following:

4 year college/university 2 year college vocational/technical school

Next year will be my:

Senior year of high school 1st year of college 2nd year of college
 3rd year of college 4th year of college

College major:

The major I have selected is _____
 I am undecided about a major at this time.

Please list any relatives/guardians who have died of breast or ovarian cancer and note their relationship to you. For example: mother, aunt, foster mother, etc.

Name	Relation to you

ACADEMIC INFORMATION

Name of Current School: _____

City State Zip Code

Dates attended: From _____ to _____ Expected date of graduation: _____
(Month/Year) (Month/Year)

Cumulative Grade Point Average: weighted _____ unweighted _____

If you have taken any of the following tests, please note your scores:

SAT		ACT		Other
Verbal _____		English _____		Name _____
Math _____		Math _____		Score _____
Writing _____				
Combined _____				

Please list additional educational programs you have completed, including high school, other post-secondary education, and vocational training programs:

Program/School Name	Dates of Attendance

How many hours of community service have you completed toward the 60 hours required for graduation? If you have performed any additional service over the required amount, please describe the services you performed and the number of hours spent on each.

List participation in extra-curricular, volunteer, community service, or athletic activities.

Program/Activity Name	Dates of Participation

List any school or community recognitions/awards you have received in the last 2 years.

Award, Name of School/Program/Community Group	Dates Received

EMPLOYMENT HISTORY

Please complete the following employment information or attach an updated resume.

Employer	Dates of Employment	Position Held

The Sherry S. Hintz Scholarship Fund

FINANCIAL NEED STATEMENT

INSTRUCTIONS

Please read the financial need instructions carefully to ensure that your application will be complete:

- If you are a high school senior or a high school graduate, please enclose a copy of your FAFSA Student Aid Report.
- If you are a high school junior, please have your parents/guardians complete and sign this form using information from their most recent IRS Tax Return.

PARENT / GUARDIAN INFORMATION

	Parent/Guardian 1	Parent/Guardian 2
Adjusted gross income from work	\$ _____	\$ _____
Untaxed income and benefits (Child Support, AFDC, ADC, SSI)	\$ _____	\$ _____
Other income (Rental income, income from savings, etc.)	\$ _____	\$ _____
Total number of family members _____		

Current Marital Status of Parent/Guardian:

single married separated divorced widowed

Current Marital Status of Applicant:

single married separated divorced widowed

Total number of family members who will be attending college in the next academic year: _____

Signature of Parent/Guardian: _____ Date: _____

The Sherry S. Hintz Scholarship Fund

ACADEMIC RECOMMENDATION FORM

This recommendation should be completed by a teacher/instructor who can attest to your academic experience.

Name of Reference: _____ Title: _____

Address: _____

Work Phone: _____ Home Phone: _____ Email: _____

=====

Name of applicant: _____

How do you know the applicant? _____

How long have you known the applicant? _____

Please tell the Sherry S. Hintz Scholarship Selection Committee why you think this applicant should be awarded a scholarship and how you have seen his/her academic promise demonstrated. Use reverse side or additional pages if necessary.

Signature: _____ Date: _____

Please return this recommendation form to the applicant in a sealed envelope with your signature across the seal. If you wish to mail your recommendation separately, please note that it must be postmarked by **March 5, 2012**. You may send your recommendation to:

Mental Health Association
c/o Stefanie Moreno, Deputy Director
1000 Twinbrook Parkway
Rockville, MD 20851

The Sherry S. Hintz Scholarship Fund

LEADERSHIP RECOMMENDATION FORM

This recommendation should be completed by an adult (not a relative) who can attest to your leadership experience in school, community service, and/or athletic activities.

Name of Reference: _____ Title: _____

Address: _____

Work Phone _____ Home Phone _____ Email: _____

=====

Name of applicant: _____

How do you know the applicant? _____

Length of time you have known the applicant? _____

Please tell the Sherry S. Hintz Scholarship Selection Committee why you think this applicant should be awarded a scholarship and how you have seen his/her leadership skills demonstrated. Use reverse side or additional pages if necessary.

Signature: _____ Date: _____

Please return this recommendation form to the applicant in a sealed envelope with your signature across the seal. If you wish to mail your recommendation separately, please note that it must be postmarked by **March 5, 2012**. You may send your recommendation to:

Mental Health Association
c/o Stefanie Moreno, Deputy Director
1000 Twinbrook Parkway
Rockville, MD 20851