



**Ho-Ho-Kus Stigma Free Committee
Scholarship Application**

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Parents or Guardians: _____

Education Plans:

College or Institution Attending (attach proof of enrollment or acceptance):

Planned College Major:

Planned Career:

Personal Essay (required): On a separate sheet of paper, attach a brief essay explaining why mental health awareness and the stigma free initiative is important to you.

Please read carefully before signing: I realize that if awarded the Ho-Ho-Kus Stigma Free Scholarship, I will be ineligible to apply in future years.

Signed: _____ **Date:** _____

Return completed application to:
Ho-Ho-Kus Stigma Free Committee
Borough of Ho-Ho-Kus
333 Warren Avenue
Ho-Ho-Kus, NJ 07423

Applications must be returned by May 1st. Finalists will be notified by May 20th.

Thank you for your application!