

H.E.R. Counseling & Wellness Scholarship Application Form

Scholarship for Master's Level Counseling Students

Administered by: H.E.R. Counseling and Wellness Scholarship Committee

I. Applicant Information

- **Full Legal Name:**

- **Mailing Address:**

- **City, State, Zip Code:**

- **Phone Number:** (____) ____ - _____

- **Email Address:**

II. Academic Information

- **Name of University/College:**

- **Master's Program:** Counseling (or specific concentration, e.g., Clinical Mental Health Counseling, School Counseling)

- **Expected Graduation Date:** ____/____

- **Current Academic Standing:** (e.g., Good Standing, Provisional)

- **Cumulative GPA (Master's Program):** _____.____ (If applicable, and if you wish to provide)

III. Supporting Documentation (Required)

Please attach the following documents to your application. Applications missing any of the required documents will be considered incomplete and will not be reviewed.

1. **Proof of Enrollment in a Master's Level Counseling Program:**

- **Unofficial Transcript:** A transcript clearly showing your enrollment in a master's level counseling program and any courses you have taken or are currently taking.
2. **Proof of Current Coursework:**
- **Course Schedule/Registration Statement:** A document from your university's student portal or Registrar's Office outlining your current or upcoming semester's course schedule, including course names and credit hours. This should align with your transcript/enrollment verification.
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IV. Personal Statement (not exceeding 150 words)

Please submit a personal statement that addresses the following:

- Why have you chosen to pursue a master's degree in counseling?
 - What are your career aspirations within the counseling field?
 - How do you believe this scholarship will assist you in achieving your academic and professional goals?
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V. Certification and Release

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the disqualification of my application.

I authorize H.E.R. Counseling and Wellness to verify the information provided in this application, including my academic status and enrollment.

Applicant's Signature:

Date: ____/____/____

VI. Submission Instructions

- **Deadline:** [December 1, 2025] at [6:00 PM CDT]
- **Submission Method:**
 - **Email:** Please email your complete application (preferably as a single PDF document) to: info@hercounseling.org
 - **Subject Line:** H.E.R. Scholarship Application - Your Full Name

Note: Incomplete applications or applications received after the deadline will not be considered.