

ELMER EDIGER MEMORIAL SCHOLARSHIP FUND INFORMATION

THE FUND: The Elmer Ediger Memorial Scholarship Fund is designed to encourage education for services in mental health and developmental disabilities. Annual grants are made possible from the earnings of this endowed fund managed by Mennonite Health Services (formerly Mennonite Mental Health Services). Originally called Mennonite Mental Health Scholarship Fund, it was established in 1968 from donated earnings of voluntary service workers at Brook Lane Psychiatric Center and then increased through additional contributions. Gifts received in memory of Elmer Ediger, a founder of MMHS and Prairie View, strengthen the fund's ability to serve.

SPONSORSHIP: The program is sponsored by Mennonite Health Services and the MCC Canada Mental Health and Disabilities Program and administered by a five-person committee.

STIPEND: Scholarships between \$1,000 and \$1,200 (U.S.) will be awarded for the next academic year and paid in equal parts on August 15 and January 15.

ELIGIBILITY: Candidates must meet all of the following requirements by the beginning of the school year for which the Scholarship is to be awarded:

- Classified as a graduate student.
- A vocational interest in the area of mental health, developmental disabilities or related fields.
- A minimum college grade point average of 3.25 on a scale of 4.0.
- Membership/active participation in a Mennonite, Brethren in Christ or Mennonite Brethren congregation.
- Candidate must be a citizen of Canada or North America or a permanent resident.

OTHER CRITERIA: Other factors taken into consideration in awarding the scholarship include:

- The service experience (e.g. voluntary service) of the candidate.
 - Attendance at a church-related college (undergraduate).
 - Financial need of the candidate.
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APPLICATION: Applications and all supporting data must be received by April 1. The scholarship winners are announced May 1. Requests for application should be made to or visit our web site and download an application:

Emily Emrick
Mennonite Health Services
234 South Main Street, Suite 1
Goshen, IN 46526
PHONE: 800-611-4007
FAX: 574-534-3254
WEBSITE: www.mhsonline.org

MENNONITE HEALTH SERVICES
Elmer Ediger Memorial Scholarship

Confidential Evaluation

1 evaluation to be completed by spiritual mentor/pastor 2 other evaluations – one to be completed by academic professor
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Reference: Name _____
Position _____
Address _____

Applicant: Name _____
Address _____

Evaluation: *Would you kindly provide a confidential evaluation of the above-named applicant, including such matters as character and personality, ability and potential in the mental health or developmental disabilities field.*

Signature _____ *Date* _____

Return to: Emily Emrick
Mennonite Health Services

234 South Main Street, Suite A
Goshen, IN 46526
FAX: (574) 534-3254

**By April 1
Failure to do so will disqualify
the Applicant.**

MENNONITE HEALTH SERVICES
Elmer Ediger Memorial Scholarship Program
APPLICATION

Please complete in typed or printed form.

Name _____ Date _____

Present Address _____ Present Phone (____) _____

_____ How long will you be at this address? _____

Permanent Address _____ Permanent Phone (____) _____

_____ Citizenship _____

_____ (country)

Birthdate _____ Marital Status _____

Name of Spouse _____ Children (ages) _____

Education Information

Schools Attended & Location (Post High School)	Attended	Dates	Graduated	Date	Degree
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¹What is your declared major? _____ Specializing in? _____

²What school do you plan to attend? _____ Have you been accepted? _____

³For what degree are you studying? Graduate _____ Undergraduate _____

When do you expect to graduate? _____

⁴What is your grade point average (on a scale of 4.0)? _____ College _____

_____ Transcripts are required. A transcript of all college and graduate work completed is:

_____ attached _____ being sent directly from the college

Have you received any Ediger (MHS) scholarships previously? _____

Church Membership ⁵Are you a member of a church? _____ Denomination _____

_____ Name of congregation _____ Address _____

⁶List past and present church involvements/activities.

⁷Have you had experience in full time voluntary service or other full time church related service in which you contributed your time with minimal compensation? *List type of service, number of months/years and location.*

Type of service	no. of months/years	location
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8 Other community service:

<u>Type of service</u>	<u>no. of months/years</u>	<u>location</u>

8 On a separate paper, give brief statements on:

1. Your commitment to mental health or developmental disability work and how it relates to your vocation/professional goals.
2. Your current religious faith and practice and how you bring together your education, your Christian commitment and your chosen vocation.
3. Your current relationship to your home congregation; are members supportive of your educational and vocational goals? Financially?

9 **Financial Information**

As accurately as possible estimate your budget for the academic year:

<u>Expenses</u>	<u>Resources</u>
Tuition and fees _____	Savings _____
Books and supplies _____	Wages/Salary _____
Room and board _____	Loan _____
Other living costs _____	Parents/Sponsors _____
	Home congregation _____
TOTAL _____	TOTAL _____

10 **References:** Please list the three persons whom you have asked to supply references. Include one academic professor and one pastor or spiritual mentor.

<u>Name</u>	<u>Address</u>	<u>Position</u>

I hereby certify that the foregoing information is true and correct and authorize the Human Resources Development Plan to distribute the information on the first page of this application to MHS affiliated institutions for their employee recruitment efforts.

Signature

Date

Deadline for application and all supporting documents is April 1.

RETURN TO: **Emily Emrick, Mennonite Health Services ,234 South Main Street, Suite A, Goshen, IN 46526 or FAX to: 574-534-3254**