

THE THOMAS N. RHEM, SR. SCHOLARSHIP APPLICATION



Professional Care Services, Inc.

"Helping Hands In Our Community"

The Thomas N. Rhem, Sr. Scholarship was established by Professional Care Services of West TN, Inc. in September of 2003 in honor of Dr. Rhem. Dr. Rhem was a beloved employee of PCS for nine years. He served PCS as Director of Developmental Operations and as a member of executive management team. His clients and colleagues will always remember his wise counsel, his patience, his good humor, and above all, his commitment to mental health.

Dr. Rhem was a strong advocate and encourager for higher education. He unexpectedly passed away on August 31, 2003, but not before leaving a legacy that fosters pursuing education. The establishment of the Thomas N. Rhem, Sr. Scholarship is a fitting tribute to Dr. Rhem's legacy. These scholarships are intended to provide a platform and elevate worthy recipients to better the lives of others and to always create a positive environment.

HOW TO SUBMIT APPLICATION

Ø Scholarship applications can be obtained from the following places:

1. The Professional Care Services web-site: www.pcswtn.org
2. Contact: Jimmie Jackson, Personnel Coordinator
Professional Care Services- Covington Office
1997 Hwy. 51 South, Covington, TN 38019
Phone: 901-475-3569
email: jimmyj@bhillc.org
3. PCS Staff may obtain application from F: Drive/ Scholarship Application

Ø Applications should be sent to: Professional Care Services of West TN, Inc.

Attn: Thomas N. Rhem, Sr. Scholarship
1997 Hwy. 51 South
Covington, TN 38019

Ø **Applications for 2007-2008 School Year must be received by July 6, 2007** to be considered.

Ø All applications must be completed in full with attached reference letters and essay questions.

ELIGIBILITY REQUIREMENTS

All applicants must meet the eligibility requirements.

1.) All eligible applicants must be in one of the following categories to be considered:

- Ø Active PCS employee pursuing higher education to benefit employee and PCS. This includes administrative and clinical staff. Must attend accredited college or university.
- Ø Family member of an active PCS employee pursuing higher education. Must attend accredited college or university.
- Ø Consumer who has received services from PCS within last year. Consumer must be pursuing higher education. May include trade or vocational school.
- Ø Local resident pursuing a behavioral health-related field at a credited university or college.

(* Employees with less than 1-year of employment may apply, but will not receive bonus points. Same for family member of PCS staff employed less than 1-year)

The Committee will divide all applicants into one of the following categories and rate each applicant among other applicants within their category. For example, employees will not be compared to consumers.

- 1.) PCS employee
- 2.) PCS Consumer
- 3.) Family Member of PCS staff or local resident seeking education in a behavioral health related field.

The Scholarship Committee will evaluate eligible applicants in each category and attempt to award scholarship(s) in each category. The number of scholarships awarded and amount(s) of scholarship(s) is/are determined by the Scholarship Committee.

All PCS staff members and/or Board Members who serve on the Scholarship Committee shall not be considered as eligible scholarship applicants. In addition, immediate family members of PCS staff members and/or Board Members serving on the Scholarship Committee shall not be eligible.

SELECTION PROCESS

The Scholarship Committee will use a rubric scale in evaluating applications. One Committee member shall be designated to receive all completed applications and assign each application a designated number. All other Committee Members will serve in evaluating the applications. Committee members evaluating applications will receive application with assigned number. Applicant names will not appear on the application being evaluated.

Each applicant will receive points according to the following scale.

Ø Reference Letter 1	0-5 points
Ø Reference Letter 2	0-5 points
Ø Community Service/ Organizations	0-5 points
Ø Honors/ Awards	0-5 points
Ø Essay Question/ Goals	<u>0-15 points</u>
MAXIMUM COMMITTEE MEMBER POINTS	35

Committee Members will tally all points awarded to each applicant and then award bonus points to the overall Committee’s score for longevity.

BONUS POINTS- A total of 10 bonus points will be added to the overall Committee’s score of each applicant who:

- 1.) A full or part time employee of PCS employed greater than 1-year.
- 2.) A spouse or dependent child of a PCS employee (PCS employee must also be employed greater than 1-year)

In the event applicants are tied after Committee has evaluated applications. The applicants with the highest total of points in the essay questions shall be considered the recipient.

APPLICANT INFORMATION

Name: _____

Address: _____

Home Phone _____

Social Security Number _____

Other Student ID # if applicable _____

Did You Attend School Last Semester? _____

Are you Currently Enrolled for upcoming semester? _____

If not, when do you plan to enroll? _____

How many hours do you plan to take this semester? _____

What was your GPA last semester? _____

*(If you attended school last semester, please attach documentation showing you are in good standing with your school)

Please Check one of the following:

Current PCS Staff Member

PCS Behavioral Health Consumer

A dependent child or spouse of a PCS employee

A local resident pursuing higher education in a behavioral health-related field

YES NO

Are you a PCS staff member employed greater than 1-continuous year?

Are you an active PCS behavioral health consumer who received services from PCS within the last year?

Are you a spouse or dependent child of a PCS staff member?

Do you live in a county in which PCS has an operating facility?
Tipton, Lauderdale, Dyer, Haywood, Fayette, Shelby



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APPLICANT SIGNATURE

I hereby state the information I have submitted in this application to be true. I understand that providing false information will result in my application not being considered and/or losing my awarded scholarship.

Release of Information

I authorize The Thomas Rhem Scholarship Committee to contact and obtain information about me from previous employers, educational institutions and "references" I provide, and any other party necessary to verify the accuracy of information I disclosed in this application. To assist in the processing of my application, I waive all rights and claims I may otherwise have against Professional Care Services of West TN, Inc. and The Thomas Rhem, Sr. Scholarship for seeking and using information to evaluate my scholarship application and all other persons, corporations or organizations who provide information for this purpose.

If I am awarded a scholarship, I agree to allow Professional Care Services of West TN, Inc. to photograph me receiving the award and to use my name and photograph for promotions of the Center and the Thomas N. Rhem, Sr. Scholarship.

Print Name: _____

Signature

Date

Non-Discrimination

Prospective applicants will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or condition prescribed by state or local law.

SCHOLARSHIP RECOMMENDATION LETTER



Professional Care Services, Inc.

"Helping Hands In Our Community"

TO THE APPLICANT

Please complete the upper portion of this form and give to at least two people who are not related to you.

Applicant's Name _____
last first middle

I hereby waive all rights and claims I may have against Professional Care Services of West TN, The Thomas Rhem Scholarship Committee, or persons releasing information to such parties.

Signature of Applicant _____

REFERENCE:

The person whose name appears above is applying for The Thomas N. Rhem, Sr. Scholarship. Please write a statement in the space provided (or attach a letter to the back of this form) concerning the applicant's personality, character, intelligence, leadership potential, and any other factors which may pertain to his/her likelihood of success in his/her academic pursuits, as well as his/her resulting career pursuit.

SUMMARY OF RECOMMENDATION:

Highly Recommended Recommended Recommended with reservations Not recommended

How long and in what capacity have you known the applicant (teacher, friend, principal, etc.)?

Signature

Date

Please mail completed form to:

Professional Care Services of West TN
Attn: Scholarship Committee
1997 Highway 51 South
Covington, TN 38019



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TO THE APPLICANT

Please complete the upper portion of this form and give to at least two people who are not related to you.

Applicant's Name _____
last first middle

I hereby waive all rights and claims I may have against Professional Counseling Services, The Thomas Rhem Scholarship Committee, or persons releasing information to such parties.

Signature of Applicant _____

REFERENCE:

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