

# Prevea Health *Scholarship*

**The Adolescent Parenting Coalition is excited to partner with Prevea Health to provide two \$800 scholarships:**

- Scholarships up to \$800 each will be given annually to recent graduates or graduating seniors from a high school or alternative high school program in Brown County who has overcome (or is overcoming) significant obstacles as a **parenting or pregnant teen**.
- The individual must demonstrate a desire to succeed in a CNA program. A low overall GPA would not disqualify a candidate since poor grades early in a high school career can be detrimental to a final GPA.
- The scholarship will be paid directly to the educational institution the student is attending. No monies will go directly to the student.
- Guidance counselors, school social workers and teachers can nominate as many teen parents as they believe are qualified for the scholarship.

**Nominations can be mailed to:**

The Adolescent Parenting Coalition  
PO Box 12624  
Green Bay, WI 54307-2624

Or emailed to: [tdegrave@gbdioc.org](mailto:tdegrave@gbdioc.org)

**Contact Jean Herman at (920) 448-2128 with questions regarding this application.**

Nominations must be received by: April 17, 2015

Notification will be made by: May 15, 2015



## Prevea Health Scholarship Nomination Form

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

High School/Alternative Program \_\_\_\_\_ Student ID # \_\_\_\_\_

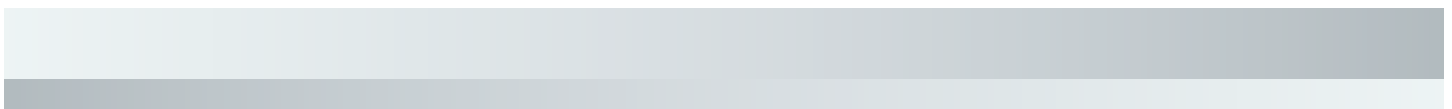
Guidance Counselor \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Nomination/recommendation:** (not to exceed one typed page) Please be specific as to the obstacles overcome by the young parent, as well as document the positive change noticed in this student since first working with him/her.

**Please attach transcript and any other information deemed pertinent.**

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_



**Student-Personal statement (required) (not to exceed one page)**

What are your educational goals? How will this scholarship help you to reach your goals?  
Please discuss any obstacles that may prevent you from continuing your education.

**Please attach transcript and any other information deemed pertinent.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

