



Future Horizons

SCHOLARSHIP INFORMATION & APPLICATION INSTRUCTIONS

The **Future Horizons Scholarship** is funded by Hope Horizon Mental Health (HHMH) to help graduating seniors in Tulare County achieve their educational and career goals. This scholarship provides financial assistance to youth who have faced difficult circumstances, mental health challenges or received mental health care (either currently or in the past). The mission of the Future Horizons Scholarship is to empower these young people to pursue higher education or vocational training, creating pathways to a future of growth, opportunity, and success. Priority consideration is given to current or former clients of Hope Horizon.

For the 2026–2027 academic year, individual scholarship awards range from **\$500 to \$5,000**. Funds awarded through the Future Horizons Scholarship are intended to support recipients' educational needs. Prior to disbursement, recipients must provide proof of enrollment in a college, university, or trade school for the 2026–2027 academic year. Tuition-related funds will be sent directly to the recipient's educational institution and may be applied toward tuition and/or housing expenses, while support for additional required costs, such as textbooks, laptops, and other academic materials, will be provided through direct purchase of approved items.

All application materials must be complete and received by **Friday, April 3rd, 2026 at 4:30pm** to be considered. Announcement letters will be mailed the week of April 27th, 2026.

SCHOLARSHIP ELIGIBILITY CRITERIA:

To be considered for the Future Horizons Scholarship, applicants must meet the following requirements:

1. **Residency:** Must reside in Tulare County, California.
2. **High School Attendance:** Must be attending a high school or alternative education program in Tulare County, including online or homeschool programs, provided the program meets California educational requirements.
3. **Graduation Status:** Meeting requirements to graduate at the end of the 2025-2026 school year.
4. **Higher Education Plans:** Plan to enroll in an accredited college, university, or trade school for the 2026-2027 academic year.
5. **Mental Health Consideration:** Priority will be given to applicants who have faced difficult circumstances, mental health challenges or received mental health care.

All personal information submitted in the application will remain confidential and only viewed by the selection committee comprised of current and/or former Hope Horizon employees and Board Members. Upon award, scholarship recipient(s) will be asked what information may be shared publicly, such as at award events or on social media.

APPLICATION INSTRUCTIONS:

The following documents are required:

1. **Completed Application Form:** All sections of the application must be completed unless marked as optional; optional sections may be left blank if you choose not to respond. Don't forget to sign at the bottom of page 2.
2. **Personal Statement:** Write a personal statement detailing your educational goals, financial need, and how mental health challenges have impacted your journey. More detailed instructions are provided in the Future Horizons Scholarship Application.
3. **Letters of Recommendation:** Two (2) letters of recommendation from non-relatives are required, preferably from teachers, counselors, or behavioral health providers.
4. **Official High School Transcript:** Attach your most recent transcript.
5. **Proof of College/Trade School Application or Acceptance:** Attach a copy of your acceptance letter or proof of application submission.

Preferred Submission Method: ONLINE

Applicants are strongly encouraged to submit their application online.

Please complete the online application form by clicking **HERE** or scan this QR code.



Alternate Submission Method: Physical Copy

If online submission presents a hardship, applications may instead be submitted by mail or delivered in person to the Hope Horizon Mental Health Tulare office at 327 S. K Street, Tulare, CA 93274. Applications must be received by the office by the stated deadline to be considered. Applicants who choose to mail their materials should allow sufficient time for delivery.

QUESTIONS/CONTACT:

If you have questions or need assistance, please contact Anna Ferreira, Executive Assistant, at afferreira@hopehorizon.org or (559) 688-2043 x201.



Future Horizons SCHOLARSHIP APPLICATION

Complete all fields, unless marked optional.

SECTION 1: PERSONAL & FAMILY INFORMATION

1. Legal Name: _____
2. Preferred Name (if applicable): _____
3. Email Address: _____
4. Phone Number: _____
5. Home Address: _____
6. City, State, ZIP: _____
7. Date of Birth: _____
8. [OPTIONAL] Parent/Guardian Name: _____
Phone Number: _____ Email: _____
9. [OPTIONAL]: Are you a current or former client of Hope Horizon Mental Health (HHMH)?
☐ Yes
☐ No *Therapist Name (optional):* _____
10. [OPTIONAL]: Have you received mental health services with a provider other than HHMH?
☐ Yes
☐ No *Clinic and/or Therapist Name:* _____
11. Household Income Level (select one):
☐ Less than \$25,000
☐ \$25,000 - \$50,000
☐ \$50,000 - \$75,000
☐ More than \$75,000
12. Number of family members in household (including yourself): _____
13. Number of immediate family members attending college next year (including yourself): _____
14. Do you consider yourself to have significant financial need for college expenses?
☐ Yes
☐ No
☐ Unsure

15. How will you and your family contribute to your college expenses?

- ☐ Parent/Guardian Contribution
- ☐ My own savings
- ☐ Part-time work during school
- ☐ Student loans
- ☐ Grants or scholarships (already awarded)
- ☐ Other: _____

16. Please describe your financial circumstances and why you are requesting financial assistance.

SECTION 2: ACADEMIC INFORMATION

1. Are you a graduating high school senior this academic year?

- ☐ Yes
- ☐ No

2. Current High School Name: _____

3. High School City: _____

4. Expected Graduation Date: _____

5. Current Cumulative GPA (unweighted, on a 4.0 scale): _____

6. Class Rank (if available): _____

7. Name of College/University/Trade School You Plan to Attend:

8. Intended Major or Program of Study: _____

9. Have you been accepted?

- ☐ Yes
- ☐ No
- ☐ Awaiting Response

SECTION 3: PERSONAL STATEMENT

In 250-500 words, please write an essay including the following information:

- **Educational Goals:** Describe your academic and career aspirations.
- **Impact of Mental Health Challenges:** Share how a difficult circumstance, mental health challenge, and/or receiving mental health services have impacted your life and personal growth.
- **Personal Growth and Resilience:** Reflect on how overcoming challenges, including the support you received, has prepared you for future success.
- **Financial Need:** Explain how this scholarship would assist you in achieving your goals.

SECTION 4: SUPPORTING DOCUMENTS

- **Two (2) Letters of Recommendation:** Attach two (2) letters of recommendation from non-relatives, preferably from teachers, counselors, or behavioral health providers.
- **Official High School Transcript:** Attach your most recent transcript.
- **Proof of College/Trade School Application or Acceptance:** Attach a copy of your acceptance letter or proof of application submission.
- **Additional Supporting Documents** (optional): Provide any additional documents that you would like to provide to support your application (*i.e. resume, portfolio, certificates*)

SECTION 5: SIGNATURE

Please check all and sign.

By signing and submitting this application...

- ☐ I certify that the information provided in this application is accurate to the best of my knowledge.
- ☐ I give my consent to the selection committee to review my submission.
- ☐ I understand that the decision of the selection committee is final.

Applicant Signature: _____ **Date:** _____