

'Be the One' Scholarship



Two **\$500 scholarships** are funded through the World Suicide Prevention Week activities held annually at University of Vermont Health Network/CVPH in conjunction with the Clinton County Coalition to Prevent Suicide and donations received during the Coalition's *Evening of Healing* annual event.

Criteria:

1. Graduating senior living in Clinton County maintaining 70+ average (copy of high school transcript required)
2. Letter of acceptance at a post-secondary institution of learning (vocational or collegiate)
3. 500-word typed essay or 3-to-5 minute recording (audio or video) submitted no later than March 1, 2026
4. Must complete a Photo Release Form for himself/herself and all others appearing on or in recordings (attached).
5. Must be present at the Coalition's annual *Evening of Healing* event at the Newman Center in Plattsburgh to accept the scholarship. (Monday, March 23rd from 6pm to 7:30pm)

To be considered, applicants must include at least two of the following four concepts in his/her submission:

The Center for Disease Control (CDC) states suicide is more than a mental health concern (more than half of people who died by suicide (54%) did not have a known mental health condition). 1 in 4 people in the United States has mental illness or a substance use problem. Suicide is a public health epidemic and the #2 cause of death for 15-34-year-olds.

1. What have you taken from the experiences (personal, family or friends) you have had with mental illness, substance misuse or suicide? What are your lessons?
2. What hurdles or barriers have you encountered in your life/in your family/at your school with mental illness, substance misuse and/or suicide?
3. What intervention might work in your school or community to break the stigma of mental illness, substance misuse or suicide?
4. Develop a social campaign for your school or community to break the stigma.

Completed packages must be submitted via email no later than March 1st to:
scholarship@nami-cv.org

Disclaimer: All submissions become the property of the Clinton County Coalition to Prevent Suicide and can be used in future promotions by the Coalition without compensation to the submitter.



RELEASE FORM

I hereby consent to and authorize the use and reproduction by the Clinton County Coalition to Prevent Suicide, or anyone authorized by Clinton County Coalition to Prevent Suicide, of any and all content of my submission for the “Be the One” Scholarship for any purpose, without compensation to me.

A parent or guardian must also sign this form if the individual is under the age of 18.

Individual: _____
(SIGNATURE) (TODAY'S DATE)

(PRINT NAME) (DATE OF BIRTH)

Parent/Guardian: _____
(SIGNATURE) (TODAY'S DATE)

(PRINT NAME)

Please return this form along with the Scholarship submission to:

scholarship@nami-cv.org