

2017 - 2018

BAER REINTEGRATION SCHOLARSHIP APPLICATION



2017 - 2018

Until recently, the idea that people with schizophrenia or bipolar disorder could move their lives forward or even reintegrate into their communities was thought by many to be unrealistic and unobtainable. But with the advent of newer medications, lives have been transformed.

However, medication is only the first step. The support of people and programs in the community is essential. Opening the door to educational opportunities is one way to help people with schizophrenia or bipolar disorder transition from a world of chaos and withdrawal to one of accomplishment.

The goal of the Baer Reintegration Scholarship is to help people with schizophrenia, schizoaffective disorder or bipolar disorder acquire the educational and vocational skills necessary to reintegrate into society, secure jobs, and regain their lives.

The Baer Reintegration Scholarship is funded by the Sidney R. Baer, Jr. Foundation which supports the efforts of organizations working to stimulate education, research and direct care in the mental health field. A businessman and consultant, Mr. Baer personally faced mental health challenges during his life and sought to alleviate the suffering of those living with mental illness.

2017-2018 BAER REINTEGRATION SCHOLARSHIP

ELIGIBILITY

To be eligible for consideration for the Baer Reintegration Scholarship, applicants must:

- Be diagnosed with bipolar disorder, schizophrenia or schizoaffective disorder
- Be currently receiving medical treatment for the disease, including medications and psychiatric follow-up, or have treating physician's documentation of past history noted on Recommendation Form
- Be actively involved in rehabilitative or reintegration efforts, such as clubhouse membership, part- or full-time employment, volunteer efforts or school enrollment
- Be a U.S. citizen or legal resident and plan to attend a school in the United States
- Be age 18 years or older by April 1st, 2017

EDUCATIONAL OPPORTUNITIES

The Baer Reintegration Scholarship program is designed to offer financial assistance for a wide range of educational opportunities in which students work to attain a certificate or degree from an accredited institution.

Eligible programs include:

- High school equivalency programs
- Trade or vocational school, or certificate programs
- Associate's degree
- Bachelor's degree
- Graduate degree

*Please note that noncredit, online, home study and distance learning courses are not covered under the scholarship. Also, the scholarship is only available to U.S. citizens or legal residents who plan to attend classes within the United States.

CRITERIA

The applications will be judged by the following criteria:

- Academic success
- References from three individuals, including the applicant's psychiatrist or prescribing authority (references from family members are ineligible)
- Quality of essay
- Thoughtfulness and appropriateness of academic and vocational/career goals
- Rehabilitation involvement
- Success in dealing with the disease
- Recent volunteer and/or vocational experience
- Completion of application requirements including signing the Personal Consent & Release Form

CONDITIONS OF FINANCIAL SUPPORT

The 2017-2018 Baer Reintegration Scholarship program will be effective for the fall 2017- spring 2018 school year only. Past winners wishing to continue/complete their education must reapply to renew their scholarship on an annual basis. (See Renewal Guidelines below.)

Awards are determined on a case-by-case basis. Scholarship money is sent directly to educational institutions to defray the costs of tuition, books, laboratory supplies and mandatory fees on behalf of winning candidates. All monies remaining at the end of the 2018 spring semester must be returned to the scholarship fund. The scholarship does not cover summer classes, transportation, computer, or room and board expenses.

EDUCATIONAL GOALS AND COSTS

Applicants must have an academic or a vocational goal as well as a career goal, including a specific school they plan to attend. Applicants must enclose a copy of the desired school's statement of standard costs for tuition, books, lab supplies, and mandatory fees from the school's website or financial aid office.

RENEWAL GUIDELINES

Once receiving the Baer Reintegration Scholarship, winners are encouraged to continue their educational pursuits and reapply for the program annually until they have achieved their educational goal. Past winners will receive top consideration as long as current academic records and rehabilitative/reintegration efforts reflect dedication and commitment to an academic or a vocational goal, as well as to a career goal. Upon reapplication, past winners must enclose a current grade report, a recommendation form from a psychiatrist or prescribing authority, a signed Personal Consent & Release Form, and a reconfirmation of your goals and academic hours completed/remaining to fulfill your degree requirements.

INDEPENDENT JUDGING PANEL

The Sidney R. Baer, Jr. Foundation has an independent panel of judges comprised of psychiatric care professionals and consumers to select the scholarship winners. The judges will review all eligible scholarship applications in accordance with the stated criteria. They will select scholarship winners and determine monetary scholarship amounts for each winner based on financial needs and educational goals. All deliberations and decisions by the judging panel are final and confidential.

This application will be reviewed only by the panel of judges and will remain confidential. All application materials will be destroyed after the judging process is completed and will not be returned to the applicant.

CONTACT INFORMATION

For more information, please contact us at baerscholarships@reintegration.com. All questions will be answered by email only.

2017-2018 BAER REINTEGRATION SCHOLARSHIP

Please read instructions carefully before completing the application.

HOW TO APPLY

There are two ways to submit your application; through the US Postal Service, or email a completed, scanned application to applications@reintegration.com. Please read instructions carefully before submitting your application.

ESSAY

Essay must be no longer than three double-spaced typed pages and must include the following section headings:

- My Career Goal and My Rationale for Choosing This Goal
- How This Course of Study Will Help Me Achieve My Career Goal
- How My Illness Has Impacted My Ability to Succeed in School, Maintain Employment or Establish Relationships
- Steps I Have Taken to Prepare for Pursuit of This Education
- Rationale for the Specific School Chosen
- My Plans to Continue Treatment While Pursuing an Education

FAFSA

Complete the Free Application for Federal Student Aid (FAFSA) through the U.S. Department of Education. You can apply on the Web at <http://www.fafsa.ed.gov> or contact your school for an application form. *DO NOT mail in any FAFSA info with your application package. If you are chosen as a finalist, you will be required to show proof that you completed a FAFSA prior to April 1, 2017.*

(FAFSA filing is not required of those applying for financial assistance for high school or GED studies.)

RECOMMENDATION FORMS

Before distributing the Recommendation Forms to your references, be sure to:

- Complete the Applicant portion at the top of all three forms, including your signature
- Prepare self-addressed, stamped envelopes to accompany the appropriate Recommendation Form for each of your three references

Note: The recommendations you receive back from your references must be enclosed with your completed Application and either be in their postmarked, unopened envelopes; or if not postmarked, signed on the unopened seal by the person providing the recommendation.

- Remind each reference that the form must be completed and mailed to you so that you may enclose it with your application packet and still make the January 31, 2017, deadline.

For emailed applications:

Please inform each reference that you are submitting an e-application this year. Print each form and complete the Applicant portion at the top of all three, including your signature. Each reference can fill out the form you give them, scan it and email it to applications@reintegration.com with the subject title Baer Application Recommendation: Applicant First Name Applicant Last Name (for example, Baer Application Recommendation: Sidney Baer)

Be sure to remind each reference that they must email the form by Tuesday, January 31st, 2017. If they email it late, your application will be considered incomplete and therefore disqualified.

APPLICATION CHECKLIST

Before mailing in your application packet, be sure to enclose:

- Completed Application Form
- Your essay of no longer than three double-spaced typed pages
- All three unopened, sealed Recommendation Forms
- Your unofficial school transcripts (If you are chosen as a Finalist, official transcripts will be required at that time)
- Copy of your desired school's statement of standard education costs from the school's website or financial aid office
- Signed Personal Consent & Release Form

Application Deadline: January 31, 2017

Applications must be postmarked by January 31, 2017 and mailed to:

Baer Reintegration Scholarship Program
PO Box #35218
Philadelphia, PA 19128

2017-2018 BAER REINTEGRATION SCHOLARSHIP

APPLICATION CHECKLIST (CONTINUED)

For emailed applications:

Your emailed application should have attached **one scanned PDF document** of your **entire application**, with the exception of your recommendation forms. Your entire attachment should include:

1. Completed Application Form
2. Your essay of no longer than three double-spaced typed pages
3. Your unofficial school transcripts
4. Printouts of your desired school's statement of standard education costs from the school's website or financial aid office
5. Signed Personal Consent and Release Form

All applications, whether mailed or emailed, that do not include the required criteria listed will be considered incomplete and therefore disqualified.

Please note: Incomplete applications will be disqualified. All application submissions should include only the above requested materials. Any additional information or materials will be destroyed and will not be submitted to the judges. Applications submitted to the Baer Reintegration Scholarship program will remain confidential. Materials submitted will not be returned. The Baer Reintegration Scholarship program will not be responsible for lost or misdirected mail.

APPLICATION DEADLINE

- Applications must be postmarked or emailed by January 31st, 2017.
- Applications must be completed in their entirety according to the directions provided; applicants must meet the eligibility requirements in order to be considered by the panel of independent judges
- All applicants will be notified by Spring 2017 whether or not they have been chosen as a finalist. Winners will be notified in July 2017.

CONFIRMING DELIVERY

We do not confirm receipt of your application. If you wish to confirm delivery you may either:

- Insert a stamped, self-addressed envelope to be sent to you when your application is being processed (allow 4 - 8 weeks for processing)
- Use a mail service that provides proof of delivery. (e.g., USPS Certified Mail) Do not use FedEx, UPS or outside mail service as they do not deliver to USPS P.O. Boxes.

For emailed applications:

We do not confirm receipt of your application. If you wish to confirm delivery of your application, please include a request for confirmation in the body of the email with which you have attached your completed application.

Application Deadline: January 31, 2017

Applications must be postmarked by January 31, 2017 and mailed to:

Baer Reintegration Scholarship Program
PO Box #35218
Philadelphia, PA 19128

Application Form

Deadline: January 31, 2017

Please type or print clearly

Title Mr./Ms./Mrs. Last name _____ First name _____

Are you a U.S. citizen or legal resident? _____ Date of birth _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Diagnosis _____

Month/year of diagnosis _____

Treating physician or prescribing authority _____

Physician or prescribing authority phone _____

Current level of completed education _____

Are you in school now? No Yes _____ If yes, what is your grade-point average? _____

Please enclose unofficial high school or college transcripts. _____

Most immediate* desired outcome (check one):

**For example, if you wish to eventually attain a PhD but have not yet completed your undergraduate studies, mark "Bachelor's degree."*

High school equivalency diploma _____ Bachelor's degree _____

Trade or vocational school certificate _____ Graduate degree _____

Associate's degree _____

Desired school _____

Desired program or area of study _____

Career goal _____

Are you currently employed? No Yes Full-time Part-time

If yes, what is your occupation? _____

Estimated Education Costs

Please attach a copy of standard costs for tuition, books, lab supplies, and mandatory fees from your school's website or financial aid office.

Note: Summer classes or room and board expenses are not covered under the scholarship.

Essay

Please write an essay following the criteria outlined in the Essay section of the application.

The essay should be no longer than three double-spaced typed pages, no smaller than font size 12, and include all required section headings.

Recommendation Form – Psychiatrist or Prescribing Authority

This Recommendation Form must be completed by the applicant's psychiatrist or prescribing authority (family members cannot fill out forms).

Please mail the completed form in the pre-addressed, stamped envelope provided by the applicant. (Note: Applicants are required to submit unopened envelopes containing these forms with their application packets.) If applicant is emailing the application, please email a scanned copy of this form to applications@reintegration.com by 1/31/17.

APPLICANT: PLEASE COMPLETE THIS PORTION.

Applicant's name _____

Applicant's signature _____

Phone _____ Date _____

REFERENCE: PLEASE COMPLETE THIS PORTION.

Psychiatrist/prescribing authority's name _____ Position _____

Institution/company _____

City _____ State _____ Zip _____

Do you have a HIPAA authorization form on file for the applicant which permits you to discuss his/her health information? Yes No

(If a HIPAA authorization form is **not on file**, this application will be ruled incomplete.)

Please confirm diagnosis and provide DSM-IV or DSM-V code _____

What psychotropic medications is this applicant currently taking? _____

How well do you know the applicant? Not well Somewhat Well Very well How long have you known the applicant? _____

Is the applicant's scholastic record, as you know it, an accurate index of his/her scholastic potential? Yes No

If no, please explain _____

How would you rate this applicant in terms of:	Excellent 90-100	Very good 75-89	Good 60-74	Fair 40-59	Poor 20-39	Very poor 0-19	Unable to judge
1. Intellectual ability	<input type="checkbox"/>						
2. Ability to work independently	<input type="checkbox"/>						
3. Writing skills	<input type="checkbox"/>						
4. Speaking skills	<input type="checkbox"/>						
5. Conceptual ability	<input type="checkbox"/>						
6. Productivity	<input type="checkbox"/>						
7. Judgment	<input type="checkbox"/>						
8. Dependability	<input type="checkbox"/>						
9. Capacity to handle stress	<input type="checkbox"/>						
10. Commitment to recovery	<input type="checkbox"/>						
11. Feasibility of patient's educational and vocational goals	<input type="checkbox"/>						

Do you have any information related to the applicant that should be considered by the judging panel in assessing the individual's capacity to succeed in academic pursuits?

Overall recommendation:

Highly recommend Recommend Recommend with some reservations Do not recommend

Reference's signature _____ Date _____

Recommendation Form – General

This Recommendation Form must be completed by someone who knows the applicant personally and can respond to all the questions below regarding skills, ambitions, and experiences (family members cannot fill out forms). Please mail the completed form in the pre-addressed, stamped envelope provided by the applicant. (Note: Applicants are required to submit unopened envelopes containing these forms with their application packets.) If applicant is emailing the application, please email a scanned copy of this form to applications@reintegration.com by 1/31/17.

APPLICANT: PLEASE COMPLETE THIS PORTION.

Applicant's name _____

Applicant's signature _____

Phone _____ Date _____

REFERENCE: PLEASE COMPLETE THIS PORTION.

Reference name _____ Institution/company _____

Position _____ Phone _____

Address _____

City _____ State _____ Zip _____

What is your relationship to the applicant? Employer Teacher Other _____

How well do you know the applicant? Not well Somewhat well Very well How long have you known the applicant? _____

Is the applicant's scholastic record, as you know it, an accurate index of his/her scholastic potential? Yes No

If no, please explain _____

How would you rate this applicant in terms of:	Excellent 90-100	Very good 75-89	Good 60-74	Fair 40-59	Poor 20-39	Very poor 0-19	Unable to judge
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2. Ability to work independently	<input type="checkbox"/>						
3. Writing skills	<input type="checkbox"/>						
4. Speaking skills	<input type="checkbox"/>						
5. Conceptual ability	<input type="checkbox"/>						
6. Productivity	<input type="checkbox"/>						
7. Judgment	<input type="checkbox"/>						
8. Dependability	<input type="checkbox"/>						
9. Capacity to handle stress	<input type="checkbox"/>						

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APPLICANT: PLEASE COMPLETE THIS PORTION.

Applicant's name _____

Applicant's signature _____

Phone _____ Date _____

REFERENCE: PLEASE COMPLETE THIS PORTION.

Reference name _____ Institution/company _____

Position _____ Phone _____

Address _____

City _____ State _____ Zip _____

What is your relationship to the applicant? Employer Teacher Other _____

How well do you know the applicant? Not well Somewhat well Very well How long have you known the applicant? _____

Is the applicant's scholastic record, as you know it, an accurate index of his/her scholastic potential? Yes No

If no, please explain _____

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1. Intellectual ability	<input type="checkbox"/>						
2. Ability to work independently	<input type="checkbox"/>						
3. Writing skills	<input type="checkbox"/>						
4. Speaking skills	<input type="checkbox"/>						
5. Conceptual ability	<input type="checkbox"/>						
6. Productivity	<input type="checkbox"/>						
7. Judgment	<input type="checkbox"/>						
8. Dependability	<input type="checkbox"/>						
9. Capacity to handle stress	<input type="checkbox"/>						

Do you have any information related to the applicant that should be considered by the judging panel in assessing the individual's capacity to succeed in academic pursuits?

Overall recommendation:

Highly recommend Recommend Recommend with some reservations Do not recommend

Reference's signature _____ Date _____

Personal Consent & Release Form

PLEASE READ THIS FORM CAREFULLY.

Print your name _____

Address _____

By signing this Personal Consent & Release Form, I confirm that

1. I am participating voluntarily in the **Baer Reintegration Scholarship (BRS)** (known as the "Program"). I permit Baer's vendor, the Sidney R. Baer Foundation and the Center for Reintegration (administrator of the Program referred to as "Program Administrator"), and/or Baer to contact me regarding my status as an applicant of the Program and with regard to any subsequent issues/questions that may arise related to my participation in or status of my application for the Program.
2. I hereby release both Baer and Program Administrator, their agents, employees, licensees and assigns, from and against any and all claims which I have, or may have, for invasion of privacy, defamation, or any other cause of action arising out of any contact related to the Program or arising out of general public understanding that the Program is open to those battling mental illness.
3. In the event that I change my mind about future contact with the Program Administrator or others formally involved with the Program, I will submit a written statement withdrawing from the Program to Baer Reintegration Scholarship Program, v PO Box #35218, Philadelphia, PA 19128. Within ten (10) days of receipt of such notice, the Center for Reintegration will take reasonable steps to stop any further contact with me with respect to the Program.
4. I understand that withdrawing from the Program as stated above will immediately disqualify me as a potential recipient of any funding/winning status granted by the Program.
5. I understand that signing this form does NOT ensure that I will receive funding or be chosen as a recipient of the Program, simply that I am agreeing to participate in the Program and to be contacted regarding my participation and/or status in the Program. Should I be chosen as a Baer Reintegration Scholar, I am also agreeing to work with Program Administrator in arranging the scholarship funding for the educational facility that I attend.

By signing this Personal Consent & Release Form, I am agreeing that I have reviewed and approved it and confirm that it is true and correct in all respects. **I affirm and attest that I am currently 18 years old or older and understand that in order to accept this offer I must be 18 years old or older.**

Sign your name _____

Date signed _____