

2024 - 2025

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# BAER REINTEGRATION SCHOLARSHIP MAIL-IN APPLICATION



## 2024 - 2025

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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.

# 2024-2025 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 September 1st, 2024

## 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 certification programs
- Associate's degree
- Bachelor's degree
- Graduate degree
- Post baccalaureate, credit course work

The Baer Reintegration Scholarship Program accepts students attending school online, in person, or a hybrid of the two.

## 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 2024-2025 Baer Reintegration Scholarship program will be effective for the fall 2024- spring 2025 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 2025 spring semester must be returned to the scholarship fund. The scholarship does not cover summer classes, transportation, computer, room and board expenses, or personal expenses.

## EDUCATIONAL GOALS AND COSTS

Applicants must have an academic or vocational goal as well as a career goal, including schools 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. If applying for more than one school, include standard costs from all potential schools.

## 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 vocational goal, as well as to a career goal. If a returning scholar is reapplying towards a new or different degree, they must submit a completely new application in full.

For the 2024-2025 academic year, scholars will be asked to submit a brief progress report form at the midpoint of each semester to the scholarship program. Upon reapplication, returning scholars must submit the following through our renewal application online or by mail:

- Current grade report
- Updated application form
- New recommendation from psychiatrist / prescribing authority
- Reconfirmation of goals and academic hours completed / remaining
- Signed personal / consent form

# 2024-2025 BAER REINTEGRATION SCHOLARSHIP

*Please read instructions carefully before completing the application.*

## 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. Scholarship amounts vary from a few hundred to several thousand dollars.

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. Decisions will be made in April of 2024. All applications will be notified of a decision in May of 2024.

## CONTACT INFORMATION

For more information, please contact us at [baerscholarships@reintegration.com](mailto:baerscholarships@reintegration.com). All questions will be answered by email only.

## ESSAY

Essay must be no longer than four double-spaced typed pages and must include the following section headings; to make seven separate sections to the essay, each beginning with a headline as listed below:

- 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
- My Efforts to Reintegrate Through Community Involvement

\* Please note essays that do not have these headings at the beginning of each section will not be accepted for the judges' review.

## 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, 2024*

**(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, if using paper forms, 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. You will submit these unopened envelopes together with your application materials in one large envelope.

- 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 Friday, January 31<sup>st</sup>, 2023, deadline. Should they want to mail the form to us directly, they can do so. They can mail to our PO Box, or head to our website for online submission instructions.

## Application Deadline: January 31, 2024

Applications must be postmarked by January 31<sup>st</sup>, 2024 and mailed to:

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

# 2024-2025 BAER REINTEGRATION SCHOLARSHIP

## EARLY APPLICATION ADVANTAGE FOR MAIL-IN APPLICATIONS

The 2023-2024 application cycle for the 2024-2025 academic year offers an early application advantage. Any applicant who mails their application in FULL by Friday, December 8th 2023, will have the advantage of a pre-review of their application by the scholarship administrator.

Each applicant who mails in the Early Application Advantage option will be notified via email by Friday, December 22<sup>nd</sup>, if their application is missing any key pieces that would not allow for it to pass on to the next round of judging. For instance, if a psychiatric evaluation is not turned in, or filled out incorrectly, the scholarship administration will alert the applicant for this to be fixed with enough time before the January deadline. Another example; should the essay not be written in the proper format, the scholarship administration would alert the applicant of this error with enough time for them to revise their essay and then turn in the fixed application by the final deadline in January.

This opportunity has been created to encourage applicants to turn in their materials early, and also to allow for some applicants to receive a bit of needed guidance that would allow the judges to be able to review a qualified application. The Early Application Advantage option will NOT provide specific advice to individual applicants regarding the improvement of an application, but will simply alert applicants if there is a missing and/or invalid piece of their application that is able to be included or remedied prior to the final January deadline.

This opportunity is for mailed in applications only. Our online application automatically informs the applicant if any pieces are missing.

## EXTRA MATERIALS

We will accept (3) three extra materials to each application. These extra items are not required. Examples include but are not limited to a resume, writing sample, picture of artwork or completion certificate.

## 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
- Optional Extra Materials (no more than three)

***Please note: Incomplete applications will be disqualified. 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 31<sup>st</sup>, 2024.
- 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 in May 2024 whether or not they have been chosen as a finalist. Winners will be notified in July 2024.

## CONFIRMING DELIVERY OF MAILED APPLICATIONS

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 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.

# Application Deadline: January 31<sup>st</sup>, 2024

Applications must be postmarked by January 31<sup>st</sup>, 2024 and mailed to:

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

# Application Form

Deadline: January 31, 2024

Please type or print clearly

Title Mr./Ms./Mrs./Mx. 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 \_\_\_\_\_

Do you plan to attend school in person or online? \_\_\_\_\_

Desired program or area of study \_\_\_\_\_

Career goal \_\_\_\_\_

Are you currently employed? If yes, what is your occupation? \_\_\_\_\_  No  Yes  Full-time  Part-time

How did you hear about our scholarship program? \_\_\_\_\_

## 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 four double-spaced typed pages, no smaller than font size 12, and include all required sections and their headings.

# Recommendation Form – Psychiatrist or Prescribing Authority

Deadline: January 31, 2024

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 applicant, back to the applicant. (Note: Applicants are required to submit unopened envelopes containing these forms with their application packets.) Questions? Contact [baerscholarships@reintegration.com](mailto:baerscholarships@reintegration.com)

**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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Speaking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Conceptual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Capacity to handle stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commitment to recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Feasibility of patient's educational and vocational goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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

Deadline: January 31, 2024

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, back to the applicant. (Note: Applicants are required to submit unopened envelopes containing these forms with their application packets.) Questions? Contact [baerscholarships@reintegration.com](mailto:baerscholarships@reintegration.com)

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

Deadline: January 31, 2024

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, back to the applicant. (Note: Applicants are required to submit unopened envelopes containing these forms with their application packets.) Questions? Contact [baerscholarships@reintegration.com](mailto:baerscholarships@reintegration.com)

## 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
1. Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Conceptual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Capacity to handle stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 \_\_\_\_\_

Email 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 Jr. 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, 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. If I am not 18 years old, my parent or guardian may sign this form on my behalf. I will be 18 years old by September 1st, 2024.**

Sign your name \_\_\_\_\_

Date signed \_\_\_\_\_

Parent/guardian if applicant is under the age of 18 \_\_\_\_\_

Date signed \_\_\_\_\_