

# William Rivera Memorial Scholarship Fund Criteria

*"Happy is the man who finds wisdom, and the man who gains understanding." Proverbs 3:13*



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## Purpose:

The William Rivera Memorial Scholarship Fund awards scholarships to college-bound high school seniors and college students. An order to qualify for this scholarship, the applicant must have a parent diagnosed with mental illness or substance use disorder.

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## Criteria:

Students eligible for assistance must be a graduating high school senior or attending a community college or university. **You must reside in Indiana.**

- High school seniors must provide proof that they are graduating with a 2.5 GPA or higher and have been accepted into a community college or university for the Fall 2025 semester.
- College students must provide transcripts, proof they are enrolled in school for the Fall semester and obtaining a 2.5 GPA or higher.

Students should submit a scholarship application on the form provided by [stayinspiredknowledgeispower.com](http://stayinspiredknowledgeispower.com). **(Optional)** Attached to the form students can submit a three-paragraph essay 1 page explaining how their parent's illness and/or disorder has impacted their life and family's lives.

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## Guidelines:

Scholarships will be awarded on an annual basis and disbursed in August for the Fall Semester. Students must continue to attend classes and maintain a 2.5 grade-point average.

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## Amount:

Each scholarship awarded will be \$600. The award will be sent directly to the student. The student can use the funds for tuition and/or educational purposes e.g. (school supplies, computer, gas, books etc.)

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## Deadline:

**August 1, 2025**

**Please email application to:**  
**[love.inspiresfaith@gmail.com](mailto:love.inspiresfaith@gmail.com)**

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## Renewal process:

This scholarship is not renewable. Only high school seniors or college students are eligible to apply. Previous scholarship recipients cannot re-apply.



## William Rivera Scholarship Memorial Fund

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### Scholarship Application Form 2025-2026 Academic Year

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Permanent Address:

\_\_\_\_\_

Campus Address:

\_\_\_\_\_

Material Status: single married divorce Number of dependent children \_\_\_\_\_

College where scholarship will be used \_\_\_\_\_

High School attending \_\_\_\_\_

College 2025-2026 Classification Freshmen Sophomore Junior Senior

Expected Graduation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Degree \_\_\_\_\_

Major \_\_\_\_\_ Minor(s) \_\_\_\_\_

GPA Overall \_\_\_\_\_

#### THE FOLLOWING MUST BE ATTACHED TO YOUR COMPLETED APPLICATION:

1. (OPTIONAL) Three-paragraph essay 1 page explaining how your parent's illness and/or disorder has impacted your life and family's lives.
2. High School or College transcripts. Proof high school students will be graduating and accepted to college in Fall 2025.

Email application and ALL attachments (By August 1, 2025) to:

**love.inspiresfaith@gmail.com**

