



Thank you for your interest in the Signs of Suicide (SOS) scholarship program. To be considered for a Scholarship, please complete the form below and email to: sos@mindwise.org. We will respond within 5 business days.

Signs of Suicide Scholarship Application Form

First Name:

Last Name:

Email:

Title:

School/District Name:

City:

State/Zip Code:

Program of interest (check one):

SOS Middle School

SOS High School

Estimated number of students and expected grades who will receive the program:

Will this scholarship be utilized for a first year implementation or renewal ?

Please provide a few sentences that explain or justify your request for a scholarship:

Our Expectations

If you are awarded a Signs of Suicide (SOS) Scholarship, you must plan on implementing the program within the school year that it has been requested. (Exceptions may be considered if your request is approved toward the end of the school year). Additionally, we require that after implementing the SOS program, the designated school implementer complete the implementer feedback survey. Scholarships are awarded for a one-year subscription. You may apply in subsequent years for renewal scholarships.