

# Mental Health Association in Fulton & Montgomery Counties, Inc.

307-309 Meadow Street  
Johnstown, NY 12095  
Telephone: (518) 762-5332  
Fax: (518) 762-6823  
[www.mentalhealthassociation.org](http://www.mentalhealthassociation.org)

## Mental Health Association in Fulton & Montgomery Counties' Scholarship for High School Graduates Class of June 2015

The Mental Health Association in Fulton & Montgomery Counties is awarding two individual scholarships for college related expenses in the amount of \$500.00 to seniors, who are New York State residents; attending high school in Fulton or Montgomery Counties on a full-time basis, and will be entering a two year or four year college in the fall, majoring in a mental health-related field to prepare for a career in mental health. The scholarship winner from each Fulton and Montgomery County will be recognized at the MHA Annual Dinner on May 28, 2015.

### AMOUNT OF SCHOLARSHIP

Two individual scholarships for college related expenses in the amount of \$500.00 for a scholarship winner from each Fulton and Montgomery County to be recognized at the MHA Annual Dinner on May 28, 2015.

### PURPOSE

To encourage the education of individuals to assist in the prevention and treatment of mental illnesses, the promotion of mental health, and the empowerment of adults, children, and families whose lives have been affected by mental illnesses.

### Qualifications

1. **Must be a high school senior in a school district within Fulton or Montgomery Counties in New York State;** attending full-time.
2. Must be a legal resident of New York State.

**Materials to Submit** - You **MUST SUBMIT 2 copies** of each item listed below. Your entry must be postmarked by **APRIL 15, 2015**. Check off each item submitted. Follow directions carefully.

**\*\* NOTE:** The application **will not** be considered for the scholarship if we do not receive **TWO copies** of all materials. **\*\***

- Completed application form
- Personal response in 500 words or less, answering one of the two questions:
  1. What are your professional goals as they relate to the mental healthcare profession and why?
  2. Many people delay accessing mental health services because of the stigma of such. What idea(s) do you have that would assist our community in breaking down those barriers for young people of your age?
- Work experience, including a copy of current résumé
- Extracurricular activities and/or community service
- Copy of high school transcripts (**Please note:\*\* This must be mailed to MHA directly by the high school\*\***)
- Two personal recommendations from people who know you as a student, or from mental health-related employers (**Please note:\*\* This must be mailed to MHA directly by the recommendation writer\*\***)

**PLEASE MAIL TWO COPIES OF MATERIALS TO:**

Mental Health Association in Fulton & Montgomery Counties, Inc.  
307-309 Meadow Street  
Johnstown, NY 12095

\*\*\* DEADLINE: POSTMARKED BY APRIL 15, 2015 \*\*\*

## Mental Health Association in Fulton & Montgomery Counties' Scholarship Application Form 2015

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

### EDUCATIONAL INFORMATION:

High School: \_\_\_\_\_ GPA: \_\_\_\_\_  
Name of College or University planning to attend: \_\_\_\_\_  
Copy of Letter of College Acceptance: \_\_\_\_

**Degree Sought:** Subject \_\_\_\_\_  
Undergraduate: BA/BS \_\_\_\_ BSW \_\_\_\_

**Academic honors & distinctions:** *(attach extra sheet if necessary)* \_\_\_\_\_

### PERSONAL STATEMENT:

Write a response in 500 words or less, answering one of the two questions:

1. What are your professional goals as they relate to the mental healthcare profession and why?
  2. Many people delay accessing mental health services because of the stigma of such. What idea(s) do you have that would assist our community in breaking down those barriers for young people of your age?
- Please attach two copies.

### WORK EXPERIENCE:

Please attach two copies of your current résumé. Include description of duties, dates, and employers.

### EXTRACURRICULAR ACTIVITIES AND/OR COMMUNITY SERVICE:

Please list on a separate piece of paper. Include two copies.

### HIGH SCHOOL TRANSCRIPTS:

Please have two copies of your official transcript mailed directly to MHA.

### PERSONAL RECOMMENDATIONS:

Two references, from non-familial; unrelated individuals, ie: teacher, employer, club advisor, etc. who know you as a high school student or from mental health-related employer sent to MHA. Please have two copies of each mailed directly to MHA.

**\*\* NOTE:** The application **will not** be considered for the scholarship if we do not receive **TWO copies** of all materials. \*\*

<b>PLEASE MAIL <u>TWO COPIES</u> OF MATERIALS TO:</b>	Mental Health Association in Fulton & Montgomery Counties, Inc. 307-309 Meadow Street Johnstown, NY 12095
---	---

\*\*\* DEADLINE: POSTMARKED BY APRIL 15, 2015 \*\*\*

For office use only:  
Date Received: \_\_\_\_\_

# Mental Health Association in Fulton & Montgomery Counties' Scholarship for High School Graduates Class of June 2015

## 2015 Personal Recommendation

### TO THE APPLICANT

Fill in the information below and email or give this form, to two (2) unrelated individuals of your choice who know you as a high school student or from a mental health-related employer, ie: teacher, employer, club advisor, etc. **By submitting this evaluation, the applicant waives all access to the information contained within.**

**Student Name:** \_\_\_\_\_

**Telephone:** (    ) - \_\_\_\_\_ - \_\_\_\_\_

**Address:**

\_\_\_\_\_, NY      \_\_\_\_\_  
*Street/PO Box*      *City*      *Zip Code*

**High School currently enrolled in:**

\_\_\_\_\_

### TO THE REFERRAL

The Mental Health Association in Fulton & Montgomery Counties' Scholarship Program is designed to assist two seniors who are attending high school in Fulton or Montgomery Counties and will be majoring in a mental health-related field to prepare for a career in mental health.

Your candid thoughts, feelings, and comments will be greatly appreciated by the Selection Committee of the Mental Health Association in Fulton & Montgomery Counties' Scholarship Program. The information and insight you give the Selection Committee significantly helps to differentiate one applicant from another. Please include your contact information so that you can be reached if needed. **Please return this form directly to the Mental Health Association in Fulton & Montgomery Counties, 307-309 Meadow Street, Johnstown, NY 12095. All recommendations must be postmarked no later than APRIL 15, 2015.**

**Referral Name:** \_\_\_\_\_

**Telephone:** (    ) - \_\_\_\_\_ - \_\_\_\_\_

**Address :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_
2. How do you know the applicant? In what capacity? \_\_\_\_\_
3. List three adjectives that first come to mind when you think of this applicant:
  - a.
  - b.
  - c.
4. What do you feel are the applicant's strengths?
5. What do you feel are the applicant's weaknesses?

