### 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

### Mental Health Association in Fulton & Montgomery Counties' Award for High School Graduates Class of June 2020

The Mental Health Association in Fulton & Montgomery Counties is offering an award to high school seniors, who are living in Fulton or Montgomery Counties, attending high school on a full-time basis, and will be majoring in a <u>mental health-related field</u> to prepare for a career in mental health. You must be a New York State resident.

#### AMOUNT OF AWARD

Two individual awards for college related expenses in the amount of \$500.00 each for an award winner from each Fulton and Montgomery County to be recognized at the MHA Annual Dinner on May 28, 2020.

#### **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 living in Fulton or Montgomery Counties in New York State; attending full-time.
- 2. Must be a legal resident of New York State.

<u>Materials to Submit</u> - You MUST SUBMIT 2 copies of each item listed below. Your entry must be postmarked by April 15, 2020. Check off each item submitted. Follow directions carefully.

|               | ** <b>NOTE</b> : The application <b>will not</b> be considered | for the award if we do not receive <b>TWO copies</b> of all materials. ** |
|---------------|--|---|
|               | Completed application form                                     |   |
|               | Personal response in 500 words or les                          | ss, answering one of the two questions:                                   |
|               |  | s they relate to the mental healthcare profession and why?                |
|               |  | al health services because of the stigma of such. What                    |
|               | ` '  | our community in breaking down those barriers for young                   |
|               | people of your age?  |   |
|               | Work experience, including a copy of                           |   |
|               | Extracurricular activities and/or comm                         | •   |
|               | , ,  | se note:**This must be mailed to MHA directly by the                      |
|               | high school**)   |   |
|               | •  | people who know you as a student, or from mental health-                  |
|               |  | s must be mailed to MHA directly by the                                   |
|               | recommendation writer**)                                       |   |
|               |  | Mental Health Association in Fulton & Montgomery Counties, Inc.           |
| <b>PLEASE</b> | MAIL TWO COPIES OF MATERIALS TO:                               | 307-309 Meadow Street   |
|               |  | Johnstown, NY 12095   |

# Mental Health Association in Fulton & Montgomery Counties' Award Application Form 2020

| Address:  City: State: NY Zip: County: Telephone: () E-mail:  SEDUCATIONAL INFORMATION:  High School: Name of College or University planning to attend: Copy of Letter of College Acceptance: 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.   | Name:   |   |     |
|---|---|---|-----|
| County:   |   |   |     |
| EDUCATIONAL INFORMATION:    Igh School:   | City:   | State: <u>NY</u> Zip:   |     |
| EDUCATIONAL INFORMATION:    Injoh School:   | County:   | Telephone: ()   |     |
| 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 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, i.e.: 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 award if we do not receive TWO copies of all materials. **  Mental Health Association in Fultion & Montgomery Counties, Inc. 307-309 Meadow Street Johnstown, NY 12095  *** DEADLINE: POSTMARKED BY APRIL 15, 2020 ***   | E-mail:   |   |     |
| Name of College or University planning to attend:  Copy of Letter of College Acceptance:  Undergraduate: BA/BS BSW  Academic honors & distinctions: (attach extra sheet if necessary)   | EDUCATIONAL INFORMATIO  | N:  |     |
| Degree Sought: Subject  | High School:  | GPA:  |     |
| Degree Sought: Subject  | Name of College or University p   | lanning to attend:  |     |
| Undergraduate: BA/BS BSW  Academic honors & distinctions: (attach extra sheet if necessary)   | Copy of Letter of College Accep   | etance:   |     |
| Undergraduate: BA/BS BSW  Academic honors & distinctions: (attach extra sheet if necessary)   | Degree Sought: Subject  |   |     |
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|   | *   | ** DEADLINE: POSTMARKED BY APRIL 15, 2020 ***   |     |
|   |   | For office use only:  |     |
|   |   | Date Received:  |     |

### Mental Health Association in Fulton & Montgomery Counties' Award for High School Graduates Class of June 2020

## 2020 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, i.e.: teacher, employer, club advisor, etc. By submitting this evaluation, the applicant waives all access to the information contained within.

| Student                         | t Name:                                       |   |   |  |  |
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| Addres                          | s:  |   |   |  |  |
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| Street/P                        | PO Box  |   | City  |  | Zip Code                                     |
| High So                         | chool curre                                   | ently enrolled in:  |   |  |  |
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|                                 |   | то т  | HE REFERRAL   |  |  |
|                                 |   | Association in Fulton & Montgomery Coor Montgomery Counties and will be r   | ounties' Award Program is des   |  |  |
| Associa<br>significa<br>needed. | tion in Fulto<br>intly helps to<br>Please ret | nts, feelings, and comments will be great<br>on & Montgomery Counties' Award Progo<br>o differentiate one applicant from anoth<br>turn this form directly to the Mental H<br>Street, Johnstown, NY 12095. All rec | gram. The information and insiger. Please include your contacted the second in Fulton | ght you give the Select<br>tinformation so that y<br><b>&amp; Montgomery Cou</b> | ction Committee you can be reached if nties, |
| Referra                         | I Name: _                                     |   |   |  |  |
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| Addres                          | s:  |   |   | _  |  |
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|                                 |   |   |   | _  |  |
| 1.                              | How long                                      | have you known the applicant?   |   |  |  |
| 2.                              |   |   |   |  |  |
|                                 |   | ou know the applicant? In what capaci   |   |  |  |
| 3.                              | List three                                    | adjectives that first come to mind when   | n 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 weaknesse  | s?  |  |  |

| <br>specific reasons why you think this applica<br>ssociation in Fulton & Montgomery Countie |                      |  |
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| Signature  | Date                 |  |
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| For office use only:   |                      |  |