MHA's 8th Annual Educational Award



The Mental Health Association in Fulton & Montgomery Counties will honor two 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 mental health-related track to prepare for a career in the mental health field. The aim of the MHA Award is to encourage the education of young adults to assist in the prevention and treatment of mental illnesses, the promotion of mental health, and the empowerment of adults, children, and families whose

(2) \$1,500.00



lives have been affected by mental illness.

Two individual awards will be given for college related expenses in the amount of \$1,500.00 each for an award winner from each Fulton and Montgomery County.

Award applications are available at the Mental Health Association in Fulton & Montgomery Counties' administrative offices, located at 11 Mohawk Place, Amsterdam and 307-309 Meadow Street, Johnstown as well as MHA's web site at www.mentalhealthassociation.org. For more information, please call 518-762-5332 ext. 100.



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 2024

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 mental health-related field 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 \$1,500.00 each for an award winner from each Fulton and Montgomery County to be recognized at the MHA Annual Dinner on May 30, 2024.

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 26, 2024. Check off each item submitted. Follow directions carefully.

	** NOTE: The application will not be considered	for the award if we do not receive TWO copies of all materials. **				
П	Completed application form					
	Personal response in 500 words or less, an	swering one of the two questions:				
1. What are your professional goals as they relate to the mental healthcare profession and why?						
		ealth 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 **)					
		Mental Health Association in Fulton & Montgomery Counties, Inc.				
PLEASE	MAIL <u>TWO COPIES</u> OF MATERIALS TO:	307-309 Meadow Street				
		Johnstown, NY 12095				

*** DEADLINE: POSTMARKED BY APRIL 26, 2024 ***

Mental Health Association in Fulton & Montgomery Counties' Award Application Form 2024

Name:	
Address:	
City:	State: <u>NY</u> Zip:
County:	Telephone: ()
E-mail:	
DUCATIONAL INFORMATION:	
igh School:	GPA:
ame of College or University planning	to attend:
opy of Letter of College Acceptance:	_
egree Sought: Subject	
Undergraduate: BA/BS	3SW
cademic honors & distinctions: (atta	ch extra sheet if necessary)
ERSONAL STATEMENT: Write a response in 500 words 1. What are your professional 2. Many people delay accessing	or less, answering one of the two questions: goals as they relate to the mental healthcare profession and why? g mental health services because of the stigma of such. What idea(s) do you have that breaking down those barriers for young people of your age?
ERSONAL STATEMENT: Write a response in 500 words 1. What are your professional 2. Many people delay accessir would assist our community in Please attach two copies.	or less, answering one of the two questions: goals as they relate to the mental healthcare profession and why? g mental health services because of the stigma of such. What idea(s) do you have that
ERSONAL STATEMENT: Write a response in 500 words 1. What are your professional 2. Many people delay accessir would assist our community in Please attach two copies. ORK EXPERIENCE: Please attach two copies of you	or less, answering one of the two questions: goals as they relate to the mental healthcare profession and why? g mental health services because of the stigma of such. What idea(s) do you have that breaking down those barriers for young people of your age? our current résumé. Include description of duties, dates, and employers. SAND/OR COMMUNITY SERVICE:
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*** DEADLINE: POSTMARKED BY APRIL 26, 2024 ***

307-309 Meadow Street Johnstown, NY 12095

PLEASE MAIL TWO COPIES OF MATERIALS TO:

Mental Health Association in Fulton & Montgomery Counties, Inc.

Mental Health Association in Fulton & Montgomery Counties' Award for High School Graduates Class of June 2024

2024 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	Name:					
Telepho	one: ()				
Addres	s:					
Street/F	о Вох			City	, NY	Zip Code
High So	hool curre	ntly enrolled in:				
			on & Montgomery Count	E REFERRAL ies' Award Program is desi ring in a mental health-rela		
Associa significa needed.	tion in Fulto ntly helps to Please ret	n & Montgomery Codifferentiate one a urn this form dire	ounties' Award Program applicant from another. F ctly to the Mental Heal	appreciated by the Selection The information and insig Please include your contact th Association in Fulton & mendations must be post	ht you give the Sele information so that Montgomery Cou	ction Committee you can be reached if Inties,
Referra	l Name:					
Telepho	one: ()				
Addres	s:					
					•	
1.	How long	have you known the	ne applicant?			
2.	_	-				
3.	List three	adjectives that firs	t come to mind when yo	u think of this applicant:		
	a.					
	b.					
	C.					
4.	What do	you feel are the ap	plicant's strengths?			
5.	What do y	you feel are the ap	olicant's weaknesses?			
Evaluat recipien	ion Please t of the Men	elaborate on speci tal Health Associa	ic reasons why you thin ion in Fulton & Montgon	k this applicant deserves, o nery Counties' Award.	r does not deserve,	to be recognized as a
						·

L		
*:	** DEADLINE: POSTMARKED BY APRIL 26, 2024 ***	
	SIGNATURE	
	Signature	Date
	For office use only:	
	Date Received:	
	Jute Received.	