

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 2017

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 \$500.00 each for an award winner from each Fulton and Montgomery County to be recognized at the MHA Annual Dinner on May 25, 2017.

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.

Materials to Submit - You MUST SUBMIT 2 copies of each item listed below. Your entry must be postmarked by APRIL 15, 2017. 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. ****

- 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, 2017 *****

Mental Health Association in Fulton & Montgomery Counties' Award Application Form 2017

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, 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. ******

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***** DEADLINE: POSTMARKED BY APRIL 15, 2017 *****

For office use only:

Date Received: _____

Evaluation Please elaborate on specific reasons why you think this applicant deserves, or does not deserve, to be recognized as a recipient of the Mental Health Association in Fulton & Montgomery Counties' Award.

*** DEADLINE: POSTMARKED BY APRIL 15, 2017 ***

SIGNATURE

<hr/>	
Signature _____	Date _____

For office use only:
Date Received: _____