

Mental Health Association in Fulton & Montgomery Counties, Inc.

307-309 Meadow Street
Johnstown, NY 12095
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www.mentalhealthassociation.org

Mental Health Association in Fulton & Montgomery Counties' Award for High School Graduates Class of June 2018

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 31, 2018.

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 16, 2018. 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 16, 2018 *****

Mental Health Association in Fulton & Montgomery Counties' Award Application Form 2018

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. ****

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 16, 2018 *****

For office use only:

Date Received: _____

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2018 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: _____

Telephone: () - _____ - _____

Address:

_____, NY _____ *City* _____ *Zip Code*
Street/PO Box

High School currently enrolled in:

TO THE REFERRAL

The Mental Health Association in Fulton & Montgomery Counties' Award Program is designed to assist two high school seniors who are living 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' Award 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 16, 2018.**

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?

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 16, 2018 *****

SIGNATURE	
_____	_____
Signature	Date

For office use only: Date Received: _____
