### 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 2019

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 30, 2019.

#### **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, 2019. 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	
	<ol> <li>What are your professional goals as</li> <li>Many people delay accessing ment</li> </ol>	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
	Work experience, including a copy of	current résumé
	Extracurricular activities and/or comm	unity service
	Copy of high school transcripts (Pleas high school**)	e note:**This must be mailed to MHA directly by the
	•	people who know you as a student, or from mental health- is must be mailed to MHA directly by the
PLEASE	MAIL TWO COPIES OF MATERIALS TO:	Mental Health Association in Fulton & Montgomery Counties, Inc. 307-309 Meadow Street Johnstown, NY 12095

# Mental Health Association in Fulton & Montgomery Counties' Award Application Form 2019

Name:				
City:		State: <u>NY</u>	Zip:	<del></del>
County:		Telephone: (	)	
E-mail:			-	
EDUCATIONAL INFORMATIO	N:			
High School:			GPA:	
Name of College or University	planning to attend:			
Copy of Letter of College Accep	otance:			
Degree Sought: Subject				
Undergraduate: BA/E	3S BSW			
Academic honors & distinction	ons: (attach extra shε	eet if necessarv)		
	(4	,		
2. Many people delay	accessing mental heat our community in bre	relate to the mental he alth services because o eaking down those barr	f the stigma of suc	ch. What idea(s) do you
WORK EXPERIENCE: Please attach two cop	ies of your current rés	sumé. Include description	on of duties, dates	s, and employers.
EXTRACURRICULAR ACTIVITY  Please list on a separa				
HIGH SCHOOL TRANSCRIPT Please have two copie		script mailed directly to	MHA.	
	non-familial; unrelated chool student or from i	d individuals, i.e.: teach mental health-related e		
** <b>NOTE</b> : The application	n <b>will not</b> be considered	for the award if we do no	t receive <b>TWO copi</b>	es of all materials. **
PLEASE MAIL TWO COPIES OF	MATERIALS TO:	Mental Health Associati 307-309 Meadow Stree Johnstown, NY 12095		ntgomery Counties, Inc.
,	*** DEADLINE: POST	TMARKED BY APRIL 1	15, 2019 ***	
	For office use only:			
	Date Received:			

### Mental Health Association in Fulton & Montgomery Counties' Award for High School Graduates Class of June 2019

## 2019 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.

stuaen	t Name:				
Γelepho	one: (	)			
Addres	s:				
				, NY	
Street/F	PO Box		City		Zip Code
High So	chool curre	ently enrolled in:			
		TO T	HE REFERRAL		
		Association in Fulton & Montgomery Co or Montgomery Counties and will be m			
Associa significa needed	ation in Fulto antly helps to . <b>Please ret</b>	nts, feelings, and comments will be great on & Montgomery Counties' Award Progro o differentiate one applicant from anothe turn this form directly to the Mental H Street, Johnstown, NY 12095. All rec	ram. The information and insi er. Please include your contac ealth Association in Fulton	ght you give the Select information so that y & Montgomery Could be a selected as a selected with the selected selected as a selected selected with the selected selected as a selected	ction Committee you can be reached if nties,
Referra	ıl Name: _				
Γelepho	one: (	)	_		
Addres	s:				
				_	
1.	How long	have you known the applicant?			
2.		ou know the applicant? In what capacit			
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			
J.	vviiat uU	you lost are the applicant's weakilesses			

specific reasons why you think this applicant deserves sociation in Fulton & Montgomery Counties' Award.	
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*** DEADLINE: POSTMARKED BY APRIL 15	, 2019 ***
SIGNATURE	
Signature	Date
For office use only:	