**Mental Health Association of Genesee & Orleans Counties**

**Scholarship Program**

**The mission of the MHA is to promote mental wellness, instill hope and improve the quality of life.**

**Scholarships given by the MHA are designed to provide financial assistance to individuals**

**who are pursuing their education at an institution of higher learning**

**in the fields of human or social services.**

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**Scholarship Criteria**

* Applicant must have their primary residence in Genesee or Orleans County.
* Applicant must be accepted at an accredited college or university and be enrolled in an eligible program by the time the scholarship is awarded.
* Eligible programs include: Social Work, Mental Health Counseling, Psychology or Human Services.
* Current MHA employees and board members are not eligible. Relatives of MHA employees and board members are also not eligible.
* Applicants must provide: (1) Academic history such as high school or college transcripts. (2) Resume or personal biography including work history, volunteer experiences, extra-curricular activities. (3) Essay that addresses educational and employment objectives. (4) Two letters of recommendation in sealed envelopes from people who know your academic and work/volunteer history. Letters from relatives will not be accepted.
* Financial need, volunteerism, employment history and civic involvement will be given careful consideration.
* Applications are due to the MHA no later than **April 9, 2018**.
* The scholarship recipient will be presented at the MHA’s annual meeting in May.
* Three scholarship(s) will be awarded annually:
  + **MHA Board of Directors Scholarship Award in the amount of $500.00 for Genesee County residents.**
  + **MHA Board of Directors Scholarship Award in the amount of $500.00 for Orleans County residents.**
  + **Constance E. Miller Scholarship Award in the amount of $2000.00**
* In addition to the above criteria, the Constance E. Miller Scholarship applicants must have at

least 36 credits toward a bachelor’s degree or enrollment in a Masters level program.

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**Scholarship Application Form**

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of college or university accepted at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course of study or program enrolled in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a relative of a current MHA employee or board member? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Applications must include the following: (1) Academic history such as high school or college transcripts. (2) Resume or personal biography including work history, volunteer experiences, extra-curricular activities. (3) Essay that addresses educational and employment objectives. (4) Two letters of recommendation in sealed envelopes from people who know your academic and work/volunteer history. Letters from relatives will not be accepted.

Applicants must submit all required information no later than **April 9, 2018** to

Mental Health Association of Genesee & Orleans Counties

25 Liberty Street, Batavia, NY 14020

or email to [admin@mhago.org](mailto:admin@mhago.org)

A copy of this application is available online at [www.mhago.org](http://www.mhago.org)

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