

# **NYMHCA Scholarship Award and Criteria**

## **Statement**

**The goals of the Scholarship Award Committee are to support the NYMHCA mission advocating and promoting excellence in the profession as well as giving financial support and recognition to promising student(s) working towards a degree in a NYS licensed clinical mental health profession or related clinical helping profession. Licensed clinical professions include, mental health counselors, marriage and family therapy, psychoanalysis, creative arts therapy, psychology, rehabilitation counseling, etals.**

## **Scholarship Award**

**NYMHCA will annually Award a Scholarship of \$750 to a student(s) in a graduate counseling program contingent upon funds available and NYMHCA Executive Board approval. In addition, the recipient will receive NYMHCA professional membership for one year upon graduation.**

**Future objective is to grow Scholarship Fund and increase number of recipients.**

**Counselor Educators in graduate school program can help by encouraging students to learn more about NYMHCA, the Scholarship Award and supporting motivated students to apply.**

## **NYMHCA Scholarship Award Committee**

**Scholarship Committee Chair will be appointed by the President. The President and or Scholarship Chair will seek 2-3 volunteers from Chapter Leaders willing to serve.**

**The NYMHCA Scholarship Fund Award Committee (composed of 4-6 members): President, President-elect, Scholarship Fund Chair, who will lead committee, and 2-3 Chapter Leaders.**

**After reading and reviewing candidate applications and Letters of Recommendations the Chair and Committee collaborate to select a winner using an evaluation chart (to be constructed) to assess criteria. Whenever possible committee conferencing will occur face to face. When not possible, phone conferencing and email will be the method of communication. Assessment and Evaluation Criteria (stated below) will be reviewed within a specific time and monitored by the Chair. Suggested time for committee review: November 1- December 15.**

## ***Additional Scholarship Committee Responsibilities:***

- 1. Chair and Committee organize fund raising for Scholarship Award.**
- 2. Chair and Committee announce to Membership and Counselor Educators throughout the state of Scholarship opportunities available for students via**

- website, [NYMHCA.ORG](http://NYMHCA.ORG), NYMHCA Quarterly, Counselor Educator Newsletter and email communications.
3. Chair and committee determine if Scholarship Funds can allow for more than one scholarship with the approval of the NYMHCA Board.
  4. Chair and committee determine with the Board annual financial support to the Scholarship Fund from NYMHCA revenue.

## **Eligibility**

**NYMHCA membership in good standing. See Membership Options.**

**Candidate Applications Must be Completed and Postmarked (emailed) no later than October 30 of each year. Candidates may download application form from NYMHCA Website.**

### **Criteria for Applicants:**

- A. Completion of a minimum of 33% of graduate credits towards a degree leading to a licensed clinical profession.
- B. 3.85 minimum grade point average.
- C. Copy of transcript mailed to Scholarship Chair c/o NYMHCA
- D. Application information: Must be Submitted and Post Marked on or before October 30.

**1) Form Includes: Name, address, contact telephone numbers, email address, etc., graduate school and degree program, counseling specialty, estimated graduation date, names, names /title and contact information for applicant's (2) recommendations.**

**2) Two –three page written discussion including each of the following: professional goals, preferred counseling style/perspective, description of (unique) experience in field (may include internship, practicum etc.) and projected vision for the field.**

**3) Two (2) letters of recommendation either from faculty and or related counseling professional source. Each Recommendation Letter must include any supporting information (unique) to distinguish the candidate and demonstrate he/she is deserving of Scholarship Award.**

**Letters of recommendation may be mailed/emailed to Scholarship Chair c/o NYMHCA.**

### **Scholarship Award Presentation**

1. Announcement made to Recipient by Committee through phone call and in writing by December 20.
2. Announcement made on website, NYMHCA Quarterly and

**Counselor Educator Newsletter**

**3. Monetary Award (check for \$750) payable to Awardees before end of year.**

**4. Professional Membership for 1 year following graduation.**

**NYMHCA Scholarship Award Application**

**Name** \_\_\_\_\_

**NYMHCA Membership#** \_\_\_\_\_

**Address** \_\_\_\_\_ **Town** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Email** \_\_\_\_\_

**Phone** \_\_\_\_\_ **H** \_\_\_\_\_ **W** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Present Employment and Place** \_\_\_\_\_

**Graduate School Affiliation** \_\_\_\_\_

**Address** \_\_\_\_\_

**Degree Program** \_\_\_\_\_ **Specialization** \_\_\_\_\_

**Estimated Year of Graduation** \_\_\_\_\_

**Recommendations Letters: (2)**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Professional Affiliation to Candidate** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Professional Affiliation to Candidate** \_\_\_\_\_

**Address** \_\_\_\_\_

Email \_\_\_\_\_ Phone# \_\_\_\_\_

Email: [amo919@aol.com](mailto:amo919@aol.com) (Arlene M. Olesen. Chair: Scholarship Committee)

Or mail to:

**Scholarship Committee  
New York Mental Health Counselors Association  
206 Greenbelt Parkway  
Holbrook, New York 11741-4411  
1-800-4-NYMHCA  
Fax: 631-472-3866**