

## **The Mid-Hudson Psychiatric Society Scholarship Application**

**Applicants Requirements: A graduating High School Senior accepted in a college program and pursuing a career in Mental Health, such as Psychiatry, Psychology, Psychiatric Nursing, Social Work**

### **Instructions:**

**The student applicant must assure the following documentation is forwarded to the Scholarship Review Committee:**

**] NO LATER THAN MAY 21, 2018**

**Student Scholarship Application is to include  
\*\*\*\*\***

**(1) Student Narrative**

**(2) Two completed Personal Reference Forms**

**The student should request two high school teachers or one teacher and one Employer or other adult (non-relative) whose reference would be significant to the students career goals to complete the Personnel Reference Forms and forward all:**

**Documentation directly to:**

**The Mid-Hudson Psychiatric Society  
Annette Patterson, Executive Director  
141 Van Wagner Road  
Poughkeepsie, NY 12603**

**(3) Copy of the student's Transcript (high school grade point average)**

**(4) One copy of the applicant's college acceptance letter or other document  
Confirming the student's acceptance for entrance into a college program.**

**(5) Students High School Counselors Name contact number and hours  
Available.**

**(6) Students contact information, phone, e-mail, hours available.**

**(7) If additional information or assistance is needed from the Scholarship  
Committee, Contact: Annette Patterson, Executive Director of the Mid-Hudson  
Psychiatric Society, Phone: 845-452-5894 or e-mail:  
[annetmidhudson@aol.com](mailto:annetmidhudson@aol.com), Monday through Saturday 10am – 8pm.**

**The Mid-Hudson Psychiatric Society Scholarship Award**

**Applicant's Name:**

**Date:**

**Narrative:**

**Please complete a typed narrative about yourself to give the reviewing committee a sense of who you are as a student, family member and a member of society.**

**“As they apply” please include your participation and achievements in school, extra Curricular activities, employment and community affairs.**

**Express your plans for the future and how your life experiences affected your interest in the field of mental health.**

**Additional pages dated with your signature may be included.**

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Mid-Hudson Psychiatric Society Scholarship Committee  
Personal Reference Form

The Mid-Hudson Psychiatric Society a District Branch of the American Psychiatric Association, a non-profit professional organization will be awarding three five hundred Dollar Scholarships for the year of 2018

Scholarships are for graduating high school seniors accepted for their first semester in College pursuing a career in mental health such as Psychiatry, Psychology, Social Work, Psychiatric Nursing. Students will be selected on the basis of a successful high school Career which demonstrates academic achievement, participation in school and community affairs, responsibility, motivation and leadership.

The Committee would appreciate the completion of this personal reference form with the information to be used as part of the selection process. Please note that we ask of the respondent a typed evaluation that relates to the student's performance in the areas as noted above.

THE COMPLETED REFERENCE FORMS PAGES I, II, III MUST BE RECEIVED BY THE COMMITTEE NO LATER THAN MAY 21, 2018

APPLICANT (Student) COMPLETES THIS SECTION:

I authorize \_\_\_\_\_ {name of respondent} to provide the Information requested to the Mid-Hudson Psychiatric Society Scholarship Committee.

Student Name: {print} \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RESPONDENT COMPLETES THIS SECTION:

Respondents name: {print} \_\_\_\_\_

Respondent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Respondent please return completed reference forms (Pages I, II, III ) to:  
The Mid-Hudson Psychiatric Society  
Annette Patterson, Executive Director  
141 Van Wagner Road  
Poughkeepsie, New York 12603

For questions see the following contact numbers. Monday –Saturday 10am – 8pm  
Phone: (845) 452-5894  
Fax: (845) 345-0686  
E-mail: annetmidhudson@aol.com

**Mid-Hudson Psychiatric Society Scholarship  
Personal Reference Form**

**Student's Name:** \_\_\_\_\_

**1. How long have you known the student** \_\_\_\_\_

**2. In what capacity** \_\_\_\_\_

**3. Please rate the applicant using a scale of 1 [low] to 5 [high] on each of the  
Following categories.**

**Scholarship:** \_\_\_\_\_

**Industriousness:** \_\_\_\_\_

**Sense of Direction/Purpose:** \_\_\_\_\_

**Honesty:** \_\_\_\_\_

**Loyalty:** \_\_\_\_\_

**Maturity:** \_\_\_\_\_

**Personal Habits:** \_\_\_\_\_

**Moral Character:** \_\_\_\_\_

**Respondent's Signature:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Page III**

**Date** -----

**Mid-Hudson Psychiatric Society, Scholarship Personal Reference Form**

**Student Applicants Name** \_\_\_\_\_

**Narrative Comments: (must be typed).**

**Respondents Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Typed, Dated and Signed pages by the Respondent may be included.**