AWARDS APPLICATION – GRADUATE STUDENTS

NAME

_____________________________________________________________

LAST                       FIRST                       MIDDLE INITIAL

I WISH TO BE CONSIDERED FOR THE FOLLOWING AWARD(S)/SCHOLARSHIP(S):

(Please check all that apply – *DUE Wednesday March 16, 2016*)

☐ The **Beatrice Ragen Edelman Memorial Scholarship** for a student pursuing a Master’s Degree in Psychology and in good academic standing.

☐ The **Marc Joseph Rosenblatt ’12 Award** for a Mental Health Counseling student with demonstrated financial need and who has achieved academic excellence.

☐ The **Balambal Palaniyandi Memorial Scholarship** for a graduate or undergraduate student with demonstrated character and a parent or spouse who is/was a firefighter, police officer, or other type of first-responder/emergency personnel, particularly if they were injured or died in the line of duty. Specify parental/spousal occupation in application and describe circumstances in personal statement.

☐ The **Harry Gideonse Scholarship** to afford a student with the opportunity for full-time study in a liberal arts field in the Graduate Division of Brooklyn College.

☐ The **BCAA Long Island Chapter Scholarship** for a graduate student who commutes to Brooklyn College from Long Island.

☐ The **Rose Goldstein Memorial Scholarship** for a graduate student in Psychology who demonstrates the greatest need for financial aid. Completion of FAFSA form is necessary to be considered for this award.
Instructions: (Please type or print clearly)
Complete this form and submit it to the Psychology Department Office, 5315 James Hall. Please request a letter of recommendation from one instructor who can best comment on your qualifications. The letter of recommendation MUST be submitted in a sealed and signed envelope with the rest of the application.

Candidate Information

Name ____________________________________ Student EMPLID# __________________________
Last               First

Address ________________________________
No.              Street              City              Zip code

Telephone # ______________ Cell phone # ______________ E-mail __________________________

Sex __________ Date of birth ________________ Marital status _________________

Expected date of graduation ______________ Professional goal __________________________________

Major __________________________ Minor (or Concentration) __________________________

Cumulative GPA ______________ Major GPA ______________

__________________________________________
Father's name              Address              Occupation

__________________________________________
Mother's name              Address              Occupation

__________________________________________
Spouse's name              Address              Occupation

Ages of brothers/sisters ________________________________________________

Ages of children __________________________________________________________

Current MA degree sought or in progress: ☐ Experimental ☐ Industrial/Organizational ☐ Mental Health Counseling

Race/Ethnicity (optional): Check all that apply.
☐ White/not Hispanic or Latino ☐ Black/African American ☐ Hispanic/Latino ☐ Asian
☐ American Indian/Alaskan Native ☐ Native Hawaiian or Other Pacific Islander
☐ Two or More-not Hispanic or Latino ☐ Other
Briefly describe any extra-curricular and extra-college activities of potential relevance to your application. Be as specific as possible.

References: (List one or two faculty members or instructors who can best testify to your qualifications, through courses or other contact, and specify the time period of those course(s) and/or interactions)

1. __________________________________________________________
2. __________________________________________________________

Your total income during the last calendar year _____________________________

Your New York State taxable income during the last calendar year _____________________________

Parents' total income during the last calendar year _____________________________

If you are married, indicate your spouse's total income during the last calendar year __________

Educational expenses, other than yours, which your parents and/or immediate family must meet in the coming academic year _____________________________

__________________________________________________________________________

To what extent are you responsible for the support of others? _____________________________

__________________________________________________________________________

Do you have any disabilities? (optional) _____________________________

__________________________________________________________________________

What employment have you had recently or at present?

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<th>Type of work</th>
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<th>Compensation (salary)</th>
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Have you completed a FAFSA form?  ☐ Yes  ☐ No

Do you now receive any form of Financial Aid?  ☐ Yes  ☐ No

  If your answer is yes, list types of aid and amount(s):

To the best of my knowledge, the information contained in this form is complete and correct.

___________________________________________________________________________________

Signature (be sure to sign this statement.)  Date
PERSONAL STATEMENT

Please write a brief statement about your interests and career plans. If you intend to pursue further studies in another graduate or professional school after earning your degree at Brooklyn College, indicate your program of specialization and the universities that you may consider. Include any other information that you believe might assist the Department in making an award decision, particularly re: specific criteria of the award(s) for which you’re applying. (Typewritten is preferable.)
DEPARTMENT OF PSYCHOLOGY
BROOKLYN COLLEGE

LETTER OF RECOMMENDATION

To the applicant:
Please read the following statement carefully. Print your name in the space indicated.

Please note that placing your signature below indicates that you are aware of the rights afforded you by the Federal Educational Rights and Privacy Act of 1974, as amended, and do hereby waive your rights to examine the contents of this letter, provided that it is used solely for the purposes for which it was requested.

IF YOU DO NOT CHOOSE TO WAIVE YOUR RIGHTS, DO NOT SIGN THIS WAIVER.

____________________________________   _______________________
Applicant's Name (Print)                   Applicant's Signature               Date

To the evaluator:
Please return your letter of recommendation in a sealed envelope with your signature across the seal to the student to include with the rest of their application. If you are attaching your recommendation on letterhead, then please staple it to this form. Applications without accompanying letters of recommendation will NOT be considered. Also note that if the student has not signed the waiver statement, the letter may not be confidential.

* Deadline: Wednesday, March 16, 2016 *

__________________________________   ______________________________________
Evaluator Name (print)                   Signature

__________________________________   ______________________________________
Affiliation                            Date
CHECKLIST FOR A COMPLETE APPLICATION

1. ☐ Cover page indicating the awards for which you would like to be considered (page 1)

2. ☐ Completed and signed personal information forms (pages 2-4)

3. ☐ Personal statement (page 5)

4. ☐ At least one letter of recommendation from a faculty member or instructor (page 6)

5. ☐ This completed checklist (page 7)

*Please note that* applications must be submitted as a complete package, with letters of recommendation in a sealed and signed envelope, to the Psychology Department Office 5315 James Hall by *5pm Wednesday March 16, 2016*. Late or incomplete applications will NOT be considered. The Honors and Awards committee will notify applicants about award decisions near the end of the semester prior to commencement. Thanks for applying and good luck!