

**AWARDS APPLICATION** **– GRADUATE STUDENTS**

**NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST FIRST MIDDLE INITIAL

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

**(Check *all* that apply – \*DUE as soon as possible, before Tue May 5th to ensure consideration)**

🞏 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.

**DEPARTMENT OF PSYCHOLOGY**

**BROOKLYN COLLEGE**

**Instructions:**  *(Please type or print clearly)*

Complete this form and **upload it to this Dropbox folder with your first and last name indicated in the filename** <https://www.dropbox.com/request/U3dLAKlpSjkHWpxPjwiP>. Please request a letter of recommendation from one instructor who can best comment on your qualifications. The letter of recommendation can also be submitted to the Dropbox folder or emailed to NKacinik@gmail.com.

**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

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Spouse's name Address Occupation

Ages of brothers/sisters

Ages of children

Current MA degree 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?

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Do you have any disabilities? (*optional*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What employment have you had recently or at present?

Type of work Date Compensation (salary)

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 preferred.)

**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 **upload your letter into this Dropbox folder and include the student’s first and last name in the filename** <https://www.dropbox.com/request/U3dLAKlpSjkHWpxPjwiP>. The letter of recommendation can also be emailed to [NKacinik@gmail.com](mailto:NKacinik@gmail.com).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: As soon as possible, before Tue May 5th to ensure consideration**

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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 only fully completed applications with accompanying letters of recommendation will be considered. Applications should be **submitted to this Dropbox folder with your first and last name indicated in the filename** <https://www.dropbox.com/request/U3dLAKlpSjkHWpxPjwiP>. The letter of recommendation can also be submitted to the Dropbox folder or emailed to NKacinik@gmail.com.

The Honors and Awards committee will notify applicants about award decisions around the end of the semester prior to commencement. Thanks for applying and good luck!