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 11, 2015*)

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

☐ The ***Sheldon J. Korchin Memorial Scholarship*** for an outstanding graduating senior intending to pursue a Master's degree in Psychology at Brooklyn College.

☐ The ***Ching-Tse Lee Award*** for an Asian-American undergraduate or graduate student in Psychology in good academic standing and with demonstrated promise in Psychology.

☐ The ***Emily Lin Lee Award*** for a minority undergraduate or graduate student in good academic standing who is majoring in and has demonstrated promise in Psychology.

☐ 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 or 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 **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?

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 regarding specific criteria of the award(s) for which you're applying. (Typewritten is preferable.)

DEPARTMENT OF PSYCHOLOGY
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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, <u>DO NOT SIGN</u> THIS WAIVER.

_____ _____
Applicant's Name (Print)   Applicant's Signature   Date

To the evaluator:
Please <u>return your letter of recommendation in a sealed envelope with your signature across the seal to the student</u> 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.

* <u>Deadline</u>: Wednesday, March 11, 2015 *

_____   _____
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 11, 2015*. 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. Awards will be presented to successful recipients at a Departmental reception for graduating Psychology Master's degree students and their families to be held after the College's Commencement Ceremony on *Wednesday May 27, 2015*. Thanks for applying and good luck!