



# **AWARDS APPLICATION – GRADUATE STUDENTS**

NAME		
LAST	FIRST	MIDDLE INITIAL
I WISH TO BE CONSIDERED F (Please check <u>all</u> tha	FOR THE FOLLOWING AWAI t apply – *DUE Thursday M	• • • • • • • • • • • • • • • • • • • •
☐ The <u>Beatrice Ragen Edelman Men</u> Psychology and in good academic sta	-	ent pursuing a Master's Degree ir
☐ The Marc Joseph Rosenblatt '12 A financial need and who has achieved		nseling student with demonstrated
☐ The <u>Balambal Palaniyandi Memo</u> demonstrated character and a parel first-responder/emergency personn Specify parental/spousal occupation	nt or spouse who is/was a firefignel, particularly if they were in	ghter, police officer, or other type of njured or died in the line of duty
☐ The <u>Harry Gideonse Scholarship</u> to a arts field in the Graduate Division of	• •	tunity for full-time study in a libera
☐ The <u>BCAA Long Island Chapter Scho</u> from Long Island.	olarship for a graduate student	who commutes to Brooklyn College
☐ The Rose Goldstein Memorial Schol greatest need for financial aid. Comp	<del></del>	,

# DEPARTMENT OF PSYCHOLOGY BROOKLYN COLLEGE

<u>Instructions</u>: (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 _	Profe	essional goal		
Major	M	linor (or Concentration)		
Cumulative GPA	M	lajor GPA		
Father's name	Address	; (	Occupation	
Mother's name	Address	; (	Occupation	
Spouse's name	Address	; (	Occupation	
Ages of brothers/sisters				
Ages of children				
		imental 🗖 Industrial/Organiz		
Race/Ethnicity ( <i>optional</i> ): Che	,			
□White/not Hispanic or Li	•	•		
☐American Indian/Alaskaı		awaiian or Other Pacific Island	ler	
Two or More-not Hispar	ic or Latino 🗆 🗆 Othe	ar		

as specific as possible.		
References: (List one or two faculty members or inst through courses or other contact, and specify the tir	•	-
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 incor	ne during the last calendar yea	r
Educational expenses, other than yours, which your 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 prese	ent?	
Type of work	<u>Date</u>	Compensation (salary)

Briefly describe any extra-curricular and extra-college activities of potential relevance to your application. Be

Signature (be sure to sign this statement.)	Date
To the best of my knowledge, the information con	ntained in this form is complete and correct.
If your answer is yes, list types of aid and amou	unt(s):
Do you now receive any form of Financial Aid?	□Yes □No
Have you completed a FAFSA form? $\Box$ Yes $\Box$	]No

#### **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.

JE VOLL DO NOT CHOOSE TO MANYE VOLID DIGUTE DO NOT CION THIS MANYED		
IF YOU DO NOT CHOOSE TO WAIVE YO	OUR RIGHTS, <u>DO NOT SIGN</u> THIS WAIVEF	<b>3.</b>
Applicant's Name (Print)	Applicant's Signature	Date
student to include with the rest of the then please staple it to this form. App	endation in a sealed envelope with your eir application. If you are attaching your plications without accompanying letters tudent has not signed the waiver stat	recommendation on letterhead, of recommendation will NOT be
* <u>Deadline</u> : Thursday, March 15, 201	8 *	
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 Thursday March 15, 2018*. 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. Thanks for applying and good luck!