



The Mental Health Association in Putnam County

1620 Route 22, Brewster, NY 10509

FOR IMMEDIATE RELEASE

February 6, 2018

Contact: Megan Castellano
(845) 278-7600, ext. 202

SCHOLARSHIP AVAILABLE

The Board of Directors of the Mental Health Association in Putnam County is pleased to offer a \$500.00 scholarship to a graduating high school senior from Putnam County who is planning a career in the human services field. (i.e. social work, psychology, nursing, education, counseling, community mental health, or child and family studies.) The scholarship is named for Joan Connelly, a founding member of the Mental Health Association and an advocate for those coping with mental health issues in our community.

The Mental Health Association in Putnam County (MHA) is a non-profit agency whose mission is to promote recovery for individuals and families coping with mental illness. Through several community based programs we work with adults, children and families providing support and opportunities for learning, understanding and growth. MHA also serves as an educator and advocate for the community at large.

Applications for the Joan Connelly Memorial Scholarship may be obtained by contacting Alice Herde at (845) 278-7600, ext. 204 or email at aherde@mhaputnam.org. **The deadline for applications is Friday, March 30, 2018**

The scholarship will be presented at MHA's Recognition Breakfast which will be held on May 2nd, 2018 as a kick-off for May is Mental Health Month.



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JOAN CONNELLY MEMORIAL SCHOLARSHIP

The Mental Health Association in Putnam County has a \$500 scholarship available for a graduating high school senior from Putnam County who is planning to pursue a career related to mental health or human services, for example: social work, psychology, nursing, education, counseling, community mental health or child and family studies.

Please complete this application and mail or fax to the Mental Health Association office or email to aherde@mhaputnam.org by **Friday, March 30th, 2018**.

Applicant's Name: _____

Address: _____

Phone: _____ **Age:** _____

Please explain why you feel you deserve to receive this scholarship? *(Attach extra sheets if necessary. Please include information regarding your plans for the study in the human services field.)* _____

Signed by: _____ **Date:** _____