

**Mental Health America of Kentucky**  
***Antoinette C. Hodes Scholarship***

**AWARD:** \$1000

**PURPOSE:** The Scholarship was established in 1994 to honor the memory of Antoinette C. Hodes.

**CRITERIA:** The Nominee must

- 1) Be a college student enrolled in a Kentucky public or private college;
- 2) Have performed Volunteer Service / Worked in a Mental Health related environment;
- 3) Be considering or engaged in a course of study in Mental Health / Substance Use (Social Work, Psychology, Medicine, Nursing, Allied Health, etc.)

**NOMINATION PROCESS**

Nominations must include:

- 1) Completed Application Form and an essay of 200 words or less from the Nominee;
- 2) Two Letters of Recommendation from a College Advisor or Instructor in the Mental Health Field and/or from the Volunteer Agency where the applicant has volunteered and/or from a high school counselor or advisor;
- 3) Copy of the Nominee's College Transcript or high school transcript if no college hours have been accrued

**APPLICATIONS**

Applications are available at [www.mhaky.org](http://www.mhaky.org) or by contacting:

Mental Health Association of Kentucky, Inc.  
120 Sears Avenue Ste 213  
Louisville, KY 40207  
888-705-0463 \*\*\* 502-893-0460  
[www.mhaky.org](http://www.mhaky.org)

The Scholarship will be awarded October 23, 2009 at the Annual Dinner

**DEADLINE**

Application with attachments must be postmarked nlt September 15.

**Mental Health America of Kentucky**  
***ANTOINETTE C. HODES SCHOLARSHIP APPLICATION***

**INSTRUCTIONS:** This application is to be completed as partial fulfillment of the requirements for a scholarship offered by Mental Health America of Kentucky. Please complete all blanks. Type or Print clearly.

Student Name \_\_\_\_\_

Street Address/PO Box \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_

City/State \_\_\_\_\_

College / University attending \_\_\_\_\_

Major Course of Study \_\_\_\_\_

College Honors & Awards \_\_\_\_\_

\_\_\_\_\_

Hobbies/Special Interests/Clubs/Sports \_\_\_\_\_

\_\_\_\_\_

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**VOLUNTEER WORK PERFORMED**

<b>PLACE</b>	<b>ADDRESS</b>	<b>DATES</b>	<b>SUPERVISOR</b>
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**Other information** you think might be relevant for the Scholarship Committee's consideration:

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**ATTACHMENTS**

1. Please explain in an essay of 200 words or less:
  - Your motivation for volunteering in a mental health setting and/or your motivation for considering a career in mental health.
2. Two Letters of Recommendation:
  - From your College Advisor or Instructor and/or;
  - From the Volunteer Agency and/or;
  - From a high school counselor or advisor
3. A copy of your College Transcript (or high school transcript if no college hours have been accrued).

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**To qualify for the Scholarship, this application and all required materials must be postmarked no later than September 15th.**