Print Form

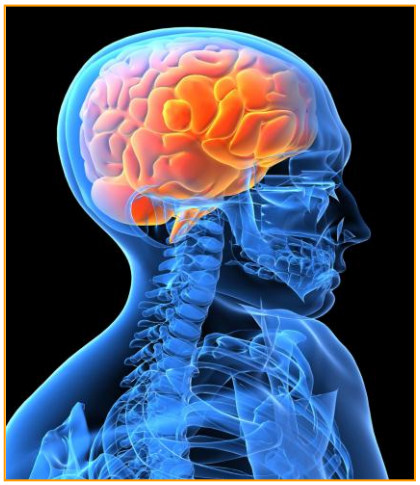
County of San Luis Obispo
WET Scholarship Review Committee
San Luis Obispo Behavioral Health Department
2180 Johnson Ave, San Luis Obispo, CA. 93401

Fall 2012-Spring 2013 Term

Behavioral Health Student Scholarship Application

Made possible through funding from the Workforce Education and Training Program
Mental Health Services Act (MHSA)

Postmark Deadline: May 04, 2012



Workforce Education and Training
Student SCHOLARSHIP program

San Luis Obispo County's Behavioral Health Department is pleased to announce a Workforce Education and Training (WET) Scholarship opportunity for individuals desirous of working in the San Luis Obispo County public mental health system as a career.

The WET Scholarship Program is a component of the San Luis Obispo County Mental Health Service Act (MHSA) Workforce Education and Training Plan. Funding has been allocated to provide scholarships designed to pay student tuition, required fees, books, supplies, and educational equipment costs for individuals working towards a certificate, AA, and/or Bachelors Degree in the field of human services, psychology, mental health, or mental health administration/finances; or a Master's Degree in social work or marriage and family therapy. This opportunity was expressly designed to promote the development of a strong, stable and diverse workforce within the county's public mental health system.

The scholarship is designed to support individuals participating in training and educational endeavors that are directly linked to addressing occupational shortages related to skills needed in language proficiency, licenses, positions that require advanced degrees, and underrepresentation of cultural and linguistic groups in our county workforce.

Scholarship recipients will be requested to seek employment in San Luis Obispo County's public mental health system. All awards are subject to the availability of funding.

ELIGIBILITY AND SELECTION CRITERIA

- Employees with San Luis Obispo County Behavioral Health Department; or partner agencies including Education, Corrections, Public Health; and the American Indian Community may apply.
- Demonstrate an interest in and a commitment to services described in the Mental Health Services Act.
- Demonstrate a dedication to the concept of the Recovery Model that emphasizes and supports each individual's potential for recovery.
- Be a full-time or part-time student in a Certificate, AA, Bachelor's or Master's Degree program with a goal of working within San Luis Obispo County's public mental health system.
- If awarded, Scholarship recipients will be required to attend an orientation meeting regarding the Scholarship process.
- Finalists in the application process that are applying for a Bachelors or Master's degree will be interviewed during the screening process.

- Upon accepting the Scholarship, you are requested to work for one year in a part or full-time paid position in San Luis Obispo County's public mental health system (contingent on available positions).

- Priority is given to applicants who reflect cultural and linguistic populations currently underserved by mental health agencies in the County of San Luis Obispo.

- Priority candidate characteristics may include:
    - Ethnic, cultural and linguistic specific heritage (e.g., Latino, Native American, bilingual Spanish)
    - Consumers and family members
    - San Luis Obispo County Employees
    - San Luis Obispo County Residents
    - Financial need - actual or potential financial difficulty in completing education in the absence of the scholarship

APPLICATION

APPLICATION INSTRUCTIONS

All scholarship recipients must be in good standing and accepted into an academic program, prior to receiving the award. If awarded, the scholarship recipient will be required to attend an orientation meeting regarding the scholarship process.

Applicants must show promise in and commitment to a career in the field of mental health in San Luis Obispo County. This may be demonstrated by any work experience or volunteer experiences as well as through the professional development narrative.

Scholarship Program Requirements and Reward Amounts:

The scholarships will be awarded in two installments at the beginning of August and/or January.

At the end of each quarter and/or semester year the recipient will be required to provide the following:

- Verification of enrollment in coursework related to achievement of a certificate or degree in the fields of human services, psychology, mental health, or mental health administration/finances
- Verification of a 2.0 GPA
- For applicants receiving $1,200 per year, or above and completion of 6 units or more per semester/quarter
- For applicants receiving $5,000 per year, completion of 12 units or more are required

Maximum scholarship award is $5,000.00 per year for bachelors and graduate students:
The number of Scholarships to be awarded per year is to be determined.

Maximum scholarship award is $1,200.00 per year for certificates or AA degrees:
The number of Scholarships to be awarded per year is to be determined.

Upon verification of enrollment and/or good academic standing with the college:
San Luis Obispo County's Behavioral Health Department may either issue funds to the institution or individual in two installments for the year, for a maximum of three years not to exceed $15,000.00. Students are required to apply for the WET scholarship each year for a maximum of three years.

SUBMIT THE FOLLOWING -IN THE APPLICATION PACKET:

Application Checklist:

1. ☐ **Complete Part A of the application.** Type/print all pages of this application. It must be completed, signed, and dated to be considered eligible.
2. ☐ **Resume**
3. ☐ **Proof of registration**
4. ☐ **Two letters of recommendation: Signed and dated within 6 months of the application.**

The letters must be on letterhead or include the author's title, name of employer, mailing address, and phone number.

   a) A professional recommendation from your employer, human resources, supervisor, or instructor. The letter should include a brief description of your work and position and indicate that there is support for the individual to return to school.
   b) A personal recommendation. The letter should address qualities such as character, leadership, service, attitude, work ethic attributes and strengths etc.

5. ☐ **Personal Statement (Part D of the Application):** Attach your personal statement to the application. Your statement must be typed, double spaced and no more than three pages. Restate and number each question along with a comprehensive response to each question (see application Part D). Personal statements that lack detail may be considered incomplete and therefore ineligible.
6. ☐ **Copy of the cost of attendance/tuition for the Education Program**

APPLICATION SUBMISSION:

All applications and materials must be postmarked by the deadline. In order to be reviewed, each part of the application must be completed. All supporting documentation must be submitted by the appropriate deadline. The WET reviewing committee will **NOT** notify applicants if their application was received or incomplete.

Applicants are urged to contact Sara Epps at Behavioral Health, 805-781-4716 or through email at sepps@co.slo.ca.us prior to the final filing date to verify their application was received complete. **Do not bind, staple or submit applications in a loose-leaf binder.**

NOTIFICATION OF AWARDS

The WET reviewing committee will notify applicants via e-mail of their application results within 120 days of the final filing date.

APPLICATION DEADLINE: 2012-2013 POSTMARK DEADLINE: May 04, 2012
Submit Application to:

WET Scholarship Review Committee
San Luis Obispo Behavioral Health Department
2180 Johnson Avenue, 2nd Floor RM 249
San Luis Obispo, CA. 93401

Print Last Name 2012-2013 (D4)

APPLICATION:

INTERNAL USE	
Received Date:	
Complete:	
Division	LD / UD

PART A

I plan to enroll in the following:

☐ AA Degree/Certificate Program (Family Studies/Human Services, Psychology)

☐ Bachelors Degree Program (Health and Human Services, Psychology, Sociology, Social work)

☐ Masters Program (Social Work, Psychology or Marriage and Family Therapy)

Personal Information – Please print or type

Last Name:_____ First Name: _____

Street_____

City_____State_____, Zip_____

Home Phone:_____Other:_____

Date of Birth:_____Last four digits of Social Security Number:_____

Student Identification No. _____

Email Address:_____

Employer:_____

Position:_____☐ Full-time ☐ Part time ☐ Volunteer

What is the highest level of education you have completed?_____

What degree or credential do you plan to achieve with this scholarship award?_____

_____

College or University of interest?_____

Date college application was submitted?_____ OR ☐ Not submitted

Acceptance received?_____

Type of Program: ☐ AA/Certificate ☐ Bachelors ☐ Master's degree or higher

☐ Full-time program ☐ Part-time program

Field of Study:_____

Projected date of program/ coursework completion? _____

PART B – COMMUNITY BACKGROUND

1. Have you lived in an economically disadvantaged background (income below the federal poverty level, low income, subsidized income, qualified for public programs, lived in rural, inner city or medically underserved area) for at least two (2) years? ☐ Yes ☐ No
If yes, please check the appropriate range of years. ☐ 2-5 years ☐ 6-10 years ☐ 11 or more years

2. Are you a San Luis Obispo County resident? ☐ Yes ☐ No If yes, how many years?

PART C – FLUENCY

1. List any languages and check the box's in which you are fluent,

1st language:	☐ Speaking	☐ Reading	☐ Writing
2nd language:	☐ Speaking	☐ Reading	☐ Writing
3rd language:	☐ Speaking	☐ Reading	☐ Writing

PART D – PERSONAL STATEMENT

Attach your personal statement to the application. Your statement must be double-spaced, typed and no more than three (3) pages. Restate and number each question along with a comprehensive response to each question. Personal statements that lack detail may be considered incomplete and therefore ineligible.

1. Describe any community service, volunteer activities, or club memberships within the past two (2) years.
2. Briefly describe your sociocultural background.
3. Describe how your, personal experience with and/or knowledge of recovery and/or mental health services is relevant to your interest in pursuing a mental health career. Do you see your background as an advantage, disadvantage or both and why?
4. What are your professional goals for the next five (5) years as they relate to your mental healthcare profession and why?
5. Please describe your financial need and how this scholarship money will help you achieve your goals.

PART E – QUESTIONNAIRE

1. Are you a previous awardee of the WET Scholarship? ☐ Yes ☐ No – If yes, check all that apply.

☐ Fall 2009 (D1) ☐ Fall 2010 (D2) ☐ Fall 2011 (D3)

2. Where did you hear about the WET Scholarship Program? (Check all that apply)

☐ Work (employer or co-worker)
☐ School
☐ Friend/Acquaintance
☐ Other Website
☐ Advertisement
☐ Newspaper or publication (please specify) _____
☐ Other Source (please specify) _____

3. Where did you receive the WET Scholarship Program application? (Check only one)

☐ Program Director/Instructor
☐ Work (employer/co-worker)
☐ School
☐ Other Website
☐ Friend/Acquaintance
☐ Other (please specify): _____

PART F – FINANCIAL AID INFORMATION

Financial Aid Office:

College Name:_____

Address_____

City _____State_____, Zip_____

Phone:_____Other:_____

Email Address:_____

ATTN:_____

PART G – APPLICATION CERTIFICATION

I certify that all information in this application is true and accurate to the best of my knowledge. I authorize the Workforce Education Training Scholarship to verify any information submitted as part of this application. I understand that falsification of information contained in this application will disqualify my application and Behavioral Health will be notified. I understand that if falsification is discovered after I have been awarded or if I breach my contract, I will be required to repay all funds awarded, plus interest and administrative fees. I understand that once submitted my application and supporting documents become the property of the WET. I also understand that my personal statement becomes the property of the WET and may be used, including but not limited to, advertising/marketing, program reports, newsletters, and other publications.

Last Name: _____

First Name: _____Middle Initial: _____

Applicant's Signature: _____

Date: _____

CALENDAR FOR SCHOLARSHIP APPLICATIONS

2012-2013 POSTMARK DEADLINE: May 04, 2012

Do not bind, staple or submit applications in a loose-leaf binder.

Applicants will be notified via e-mail within 120 days of the final filing deadline.

SCREENING PROCESS

The Screening Committee will be comprised of the following representation: a cultural consultant, San Luis Obispo County Behavioral Health staff, service provider, an academic representative, and a consumer or family member.

The screening and review criteria will include but will not be limited to:

1. Evidence that the applicant is a resident of San Luis Obispo County
2. Verification of application and/or acceptance at an accredited college or university
3. Evidence that the applicant can work cross culturally with diverse populations including individuals whose values may be differ from their own.
4. The applicant has a desire to pursue a career in the mental health field specifically in San Luis Obispo County.

SCORING PROCESS

* The information you provide on the application will be reviewed by the San Luis Obispo County Behavioral Health Screening Committee.
* The Screening Committee will submit recommendations to San Luis Obispo County's Behavioral Health Director.
* Any appeals to the process should be forwarded to the San Luis Obispo County Behavioral Health Director.

SLO COUNTY BEHAVIORAL HEALTH DEPARTMENT
SCHOLARSHIP APPLICANT SCORING SHEET

Last Name of Applicant *2012-2013 Fall/Spring - D4*

Internal Use:	
Received Date:	
Complete:	*No* *Yes*
Division:	*LD* - *UD*
Total Score	

Last Name, First Name

Evaluator: Date:

Evaluator: Date:

	EVALUATION ITEMS	RECEIVED Y	RECEIVED N	POSSIBLE POINTS	SCORE	COMMENTS
1	Completed Application			5		
2	Letter of Recommendation Professional			5		
3	Letter of Recommendation Personal			5		
4	Employment in the Behavioral Health Field			5		
5	SLO County Resident			5		
6	Ability to work cross culturally with diverse populations including populations with differing values from their own.			15		
7	Personal experience with and/or knowledge of recovery and/or mental health services.			20		
8	Demonstrates a desire to pursue a career in the mental health field specifically in San Luis Obispo County.			20		
9	Cultural, Linguistic attributes representative of consumer need			20		
TOTAL SCORE:						

Comments: