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

2010

Behavioral Health Student Scholarship Application

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

Fall Postmark Deadline: March 24, 2010

WORKFORCE EDUCATION AND TRAINING STUDENT SCHOLARSHIP PROGRAM

San Luis Obispo County Behavioral Health is pleased to announce a Workforce Education and Training (WET) Scholarship opportunity for individuals desirous of working in the public mental health field 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 who earn a certificate, AA, 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 San Luis Obispo County Behavioral Health.

The scholarship will be associated with individuals participating in training and educational endeavors that are directly linked to addressing occupational shortages related to skill 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 the San Luis Obispo County Public Mental Health System. All awards are subject to the availability of funding.

ELIGIBILITY AND SELECTION CRITERIA

- Employee's with San Luis Obispo County Behavioral Health or county partner agencies including the Department of Education, Corrections, Public Health, and the American Indian Community **can 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 fulltime or part-time student in a Certificate, AA, Bachelors or Master's Degree program with a goal of working within San Luis Obispo County mental health system.

- If awarded, the Scholarship recipients will be required to attend an orientation meeting regarding the Scholarship process.

- Finalist 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 the Public Mental Health System of San Luis Obispo County (contingent on available positions).

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

- Desirable qualities include :
    - Ethnic, cultural and linguistic specific heritage (e.g., Latino, Native American, bilingual Spanish)
    - Consumers and family members
    - 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 or January.

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

- Verification of enrollment
- Verification of a 2.0 GPA 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:
8 Scholarships will be awarded per year.

Maximum scholarship award is $1,200.00 per year for certificates or AA degrees:
40 Scholarship will be awarded per year.

Upon verification of enrollment and/or good academic standing with the college:
San Luis Obispo County Behavioral Health 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 3 years.

SUBMIT THE FOLLOWING IN THE APPLICATION PACKET:

Application Checklist:

1. ☐ **Complete the application form**
   Complete 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.
   1. 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.
   2.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 3 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, or Jan Gillette at Cuesta College, 805-546-3100 ext. 2764 or through email at Jgillett@cuesta.edu prior to the final filing date to verify their application was received complete. Do not bind or submit applications in a loose-leaf binder.

NOTIFICATION OF AWARDS
The WET reviewing committee will notify applicants of their application results within 120 days of the final filing date.

APPLICATION DEADLINE:

FALL POSTMARK DEADLINE: MARCH 24, 2010

Submit Application to:
WET Scholarship Review Committee
San Luis Obispo Behavioral Health
2180 Johnson Avenue
San Luis Obispo, CA. 93401

APPLICATION:

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

Name:_____

Address:_____

Home Phone Number:_____

Other Phone Number:_____

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 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-space 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, please enter the contract # _____

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

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

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

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

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

SPRING POSTMARK DEADLINE: DECEMBER 22, 2009
FALL POSTMARK DEADLINE: MARCH 24, 2010

Applicants will be notified 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 Behavioral Health Director.
- Any appeals to the process should be forwarded to the San Luis Obispo County Behavioral Health Director.

SAN LUIS OBISPO COUNTY BEHAVIORAL HEALTH SCHOLARSHIP APPLICANT SCORING SHEET

Name of Applicant:_____ Date:_____

Evaluator:_____

Evaluation Item	Possible Point	Comments	Points Earned
Completed Application	5		
Letters of recommendation: Professional (5) Personal (5)	10		
Employment in the Behavioral Health Field	5		
SLO County Resident	5		
Personal experience with and/or knowledge of recovery and/or mental health services	15		
Ability to work cross culturally with diverse populations including populations with differing values from their own	20		
Demonstrates a desire to pursue a career in the mental health field specifically in San Luis Obispo County	20		
Cultural, Linguistic attributes representative of consumer need	20		
Total Score:	100		

Comments: