



CALIFORNIA EDUCATIONAL MFT STIPEND PROGRAM

2011-12 Application Form – Part I

APPLICATION DEADLINE: NOVEMBER 4, 2011

APPLICANT IDENTIFYING INFORMATION (Please type or print legibly)

Full Name: Last First Middle

Address: Street Address Apartment/Unit City/State Zip Code

Permanent Address: Street Address Apartment/Unit City/State Zip Code

Primary Email: Secondary Email:

Cell Phone: Home Phone:

SCHOOL INFORMATION

School Name: Campus Site:

Enrollment Date: Degree Conferral Date:

School Administrator / Faculty Advising Applicant: School advisor's signature implies that the applicant is in good academic standing and the applicant's anticipated or conferred degree date is between 7/1/11 – 6/30/12. Print Name / Title Signature / Email Address

APPLICANT SIGNATURE

I read and understood the Information on the 2011-12 MFT Stipend Program. I read and understood the provisions of the Payback Agreement if I am selected to receive a stipend. I affirm that the information provided in this application is truthful and accurate, and that I can legally work in California.

SIGNATURE: DATE

Candidate ID Number: Regional Consortium: Orange County. Date Received:

CALIFORNIA EDUCATIONAL MFT STIPEND PROGRAM

2011-12 Application Form – Part II

APPLICANT QUALIFYING INFORMATION

(Check all that apply)

Indicate below the qualifications you bring to public mental health care. Refer to the Application Guide for explanation of each category. DO NOT INCLUDE YOUR NAME OR SCHOOL ON THE NEXT TWO SHEETS.

1. COUNTY OPERATED OR COUNTY CONTRACTED FIELD PLACEMENT TRAINING:

I received my field practicum training as a student at the following agency that is operated or contracted by a county mental health department:

Name of agency: _____ City: _____ County: _____

Dates of field practicum training: Started: _____ Ended: _____

Contact person at agency to verify training: _____

Phone Number: _____ Email: _____

2. COUNTY OPERATED OR COUNTY CONTRACTED EMPLOYMENT/VOLUNTEER EXPERIENCE:

I have current or prior employment or volunteer experience at the following service agency that is contracted by a county mental health department:

Name of agency: _____ City: _____ County: _____

Dates of employment/volunteer experience: Started: _____ Ended: _____

Contact person at agency to verify training: _____

Phone Number: _____ Email: _____

3. **LANGUAGE CAPACITY:** The needed languages for the MFT Consortium of Orange County are Spanish and Vietnamese. I have second-language proficiency in a needed language and I am willing to commit to find employment at an approved mental health agency to provide services to consumers using my second-language proficiency.

My second language proficiency is: _____

4. NON-COUNTY OPERATED OR NON-COUNTY CONTRACTED FIELD PLACEMENT TRAINING:

I received my field practicum training at the following community agency that prepared me to serve consumers in public mental health care.

Name of agency: _____ City: _____ County: _____

Dates of field practicum training: Started: _____ Ended: _____

Contact person at agency to verify training: _____

Phone Number: _____ Email: _____

Indicate specialized training received in public mental health delivery: _____

Candidate ID Number: ____ ____ ____

Regional Consortium: Orange County

2011-12 Application Form - Part II – (Continued)

5. **EMPLOYMENT IN UNDERSERVED AREAS:** I am willing to commit to find employment at an approved mental health agency to provide services to consumers in the underserved communities of the MFT Consortium of Orange County. These communities reside in Orange County.
6. **EMPLOYMENT IN MHSA PROGRAMS:** I am willing to commit to find employment at an approved mental health agency to provide services to consumers in programs funded through MHSA that require services in the field such as schools and homes.

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2011-12 Application Form – Part III

APPLICANT QUALIFYING INFORMATION – ESSAY

Complete the four essays below and attach your typed responses as part of your application. Each essay response should be 150 words or less and must adhere to APA guidelines (6th Edition). Refer to the Application Guide for suggestions on essay responses. **DO NOT INCLUDE YOUR NAME OR SCHOOL IN YOUR ESSAY RESPONSES.**

1. **EXPLAIN HOW YOUR PERSONAL EXPERIENCES MEET THE OBJECTIVES OF THE STATE MFT STIPEND PROGRAM IN SERVING DISADVANTAGED COMMUNITIES.**
2. **EXPLAIN HOW YOUR PERSONAL BACKGROUND AND INDIVIDUAL STRENGTHS MEET THE OBJECTIVES OF THE STATE MFT STIPEND PROGRAM IN SERVING DIVERSE CLIENT POPULATIONS.**
3. **EXPLAIN HOW YOUR EDUCATIONAL PREPARATION AND PRACTICUM TRAINING MEET THE OBJECTIVES OF THE STATE MFT STIPEND PROGRAM IN HAVING PREPARED CLINICIANS TO WORK IN THE PUBLIC MENTAL HEALTH SYSTEM.**
4. **EXPLAIN HOW YOUR PROFESSIONAL CAREER PLANS MEET THE GOALS OF THE STATE MFT STIPEND PROGRAM.**

SUBMISSION OF APPLICATION

Mail together the completed application (Parts I & II), the typed essays (Part III), and page one of the W-9 form to the address below no later than November 4, 2011. Do not include any other items such as a résumé or cover letter.

**California Educational MFT Stipend Program
Phillips Graduate Institute
1990 Plummer Street
Chatsworth, CA 91311**

Candidate ID Number: ____

Regional Consortium: Orange County