



CALIFORNIA EDUCATIONAL MFT STIPEND PROGRAM

2012-13 Application Form – Part I

APPLICATION DEADLINE: October 15, 2012

APPLICANT IDENTIFYING INFORMATION (Please type or print legibly)

Full Name: Last First Middle Initial

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 7/1/12 – 6/30/13. Print Name / Title Signature / Email Address

APPLICANT SIGNATURE

I read and understood the Information on the 2012-13 MFT Stipend Program. I read and understood the provisions of the Payback Agreement. I affirm that I can legally work in California. I affirm that the information provided in Part I, II and III of this application is truthful and accurate.

SIGNATURE: DATE

Candidate ID Number: Date Received:

2012-13 Application Form – Part II

APPLICANT QUALIFYING INFORMATION

(Check all that apply)

Indicate below the qualifications you bring to public mental health service.

Refer to the Application Guide for explanation of each category. DO NOT INCLUDE YOUR NAME OR SCHOOL.

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: _____

Contact Person: _____ Phone: _____ Email: _____

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

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 operated or contracted by a county mental health department:

Name of agency: _____ City: _____ County: _____

Contact Person: _____ Phone: _____ Email: _____

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

3. **LANGUAGE CAPACITY:** The needed languages for the MFT Consortium of Orange County are American Sign Language, Spanish and Vietnamese. I have second-language proficiency in one of the needed languages 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 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: _____

Contact Person: _____ Phone: _____ Email: _____

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

Indicate specialized training received in public mental health delivery: _____

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 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.

Candidate ID Number: _____

Regional Consortium: Orange County

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2012-13 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. Essays must adhere to the following APA guidelines: double spaced and 12 point Times New Roman font. Do not include your name or school in your essay responses.

Refer to the *Guide for Completion of the Stipend Application* when writing your essay responses. The three subject areas provided for each essay item in the guide will be considered in the scoring of the essays. The objectives of the State Stipend Program are provided in the *Information on the MFT Stipend Program* and further explained in the guide.

- 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 RECRUITING QUALIFIED 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 *IRS W-9 Form* to the address below no later than October 15, 2012. Do not include any other items such as a résumé or cover letter.

**California Educational MFT Stipend Program
Phillips Graduate Institute
19900 Plummer Street
Chatsworth, CA 91311**

STIPEND SELECTION DATES

Students will be notified of their application's eligibility status by October 26, 2012 via applicant's primary email address. Applications will not be eligible if mailed after the deadline or not submitted as required. Applicants will be notified of their selection status the week of November 12, 2012. Applicants selected to receive a stipend must attend a mandatory Stipend Orientation Session on **Friday, November 30, 2012** at Pepperdine University from 10 a.m. to noon. Failure to attend the orientation or to arrive on time will result in forfeiture of the stipend.