

CALIFORNIA EDUCATIONAL MFT STIPEND PROGRAM

2014-15 Application Form – Part I

➤➤➤➤ **APPLICATION DEADLINE: October 8, 2014** ◀◀◀◀

STUDENT IDENTIFYING INFORMATION (Please type or print legibly)

Full Name: _____
Last First Middle Initial

Address: _____
Street Address Apartment/Unit

City/State Zip Code

Primary Secondary
Email: _____ Email: _____

Cell Phone: _____ Home Phone: _____

SCHOOL INFORMATION

School Name: _____ Campus Site: _____

Enrollment Date: _____ Anticipated Degree Conferral Date: _____

SCHOOL REPRESENTATIVE

Name: _____ Position Title: _____

Signature: _____ Email: _____

School representative's signature implies that the student is in good academic standing and the student's anticipated conferred degree date is between September 1, 2014 and August 31, 2015.

- If unable to provide a signature, the school representative must send verification by email to mftconsortium@pgi.edu by October 8, 2014 and needs to include the student's name, enrollment status and anticipated conferral date.

STUDENT SIGNATURE

I read and understood the information in the 2014-15 MFT Educational Stipend Program. I affirm that I can legally work in California after graduation and will qualify for an MFT Intern number. I affirm that the information provided in Part I, II and III of this application is truthful and accurate.

SIGNATURE: _____ **DATE** _____

- It is the responsibility of the student to assure that the application with school representative's signature or the school representative's email verifying eligibility is received by the October 8, 2014 deadline.

Candidate ID Number: _____ Postmarked Date: _____

SELECTION OF REGIONAL CONSORTIUM

Students may apply for the stipends awarded by one of the following regional consortium. The application will be read and scored by the Stipend Awards Council of that regional consortium. Students awarded a stipend need to search for work or volunteer placement in the county or counties represented by the regional consortium that awarded them the stipend.

Five of the regional consortia have counties that have been identified by the state as “Counties of Need” as they have been minimally served by prior MFT stipend recipients through the recipients’ employment obligation. These “Counties of Need” are noted below in ***bolded italics***. Refer to the *2014-15 Application Guide* for more explanation on the Counties of Need.

Select only one of the following:

MFT Consortium of Greater Sacramento

I am willing to commit to find employment/placement at an approved mental health agency to provide services to consumers in the underserved communities of ***Alpine***, Amador, Butte, Calaveras, ***Colusa***, El Dorado, ***Glenn***, ***Lassen***, ***Nevada***, ***Placer***, ***Plumas***, Sacramento, San Joaquin, ***Shasta***, ***Solano***, ***Sonoma***, ***Sutter***, ***Tehama***, ***Yolo***, and ***Yuba*** counties.

MFT Consortium of the Bay Area

I am willing to commit to find employment/placement at an approved mental health agency to provide services to consumers in the underserved communities of Alameda, ***Contra Costa***, ***Humboldt***, ***Marin***, ***Napa***, Monterey, San Francisco, ***San Mateo***, Santa Clara, Santa Cruz, ***Solano***, ***Sonoma***, and San Benito counties.

MFT Consortium of the Central Valley

I am willing to commit to find employment/placement at an approved mental health agency to provide services to consumers in the underserved communities of Fresno, ***Inyo***, Kern, ***Kings***, ***Madera***, ***Mariposa***, ***Merced***, ***Mono***, San Joaquin, ***Stanislaus***, ***Tulare*** and ***Tuolumne*** counties.

MFT Consortium of the Central Coast

I am willing to commit to find employment/placement at an approved mental health agency to provide services to consumers in the underserved communities of ***San Luis Obispo***, Santa Barbara and ***Ventura*** counties.

MFT Consortium of Greater Los Angeles

I am willing to commit to find employment/placement at an approved mental health agency to provide services to consumers in the underserved communities of Los Angeles County.

MFT Consortium of the Inland Empire

I am willing to commit to find employment/placement at an approved mental health agency to provide services to consumers in the underserved communities of Riverside County and San Bernardino County.

MFT Consortium of Orange County

I am willing to commit to find employment/placement at an approved mental health agency to provide services to consumers in the underserved communities of Orange County.

MFT Consortium of San Diego and Imperial Counties

I am willing to commit to find employment/placement at an approved mental health agency to provide services to consumers in the underserved communities of ***Imperial*** and San Diego counties.

Candidate ID Number: _____

2014-15 Application Form – Part II

REQUIRED STUDENT QUALIFYING INFORMATION

Complete fully the information requested. For explanation refer to the *2014-15 Application Guide*.

COUNTY OPERATED OR COUNTY CONTRACTED FIELD PLACEMENT TRAINING:

My field placement training (practicum) as an MFT student is/will be at the following agency that is operated by or contracted with a county mental health or behavioral health department:

Name of agency: _____ City: _____ County: _____

Contact Person: _____ Phone: _____ Email: _____

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

ADDITIONAL STUDENT QUALIFYING INFORMATION

Check all that apply and complete fully the information requested.

1. 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 by or contracted with a county mental health or behavioral health department:

Name of agency: _____ City: _____ County: _____

Contact Person: _____ Phone: _____ Email: _____

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

2. ADDITIONAL FIELD PLACEMENT TRAINING:

My additional field placement training (practicum) as an MFT student is/will be at the following community agency that prepares me to serve clients/consumers in public mental health care:

Name of agency: _____ City: _____ County: _____

Contact Person: _____ Phone: _____ Email: _____

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

Indicate the training received at this community agency that prepares you to serve clients/consumers in public mental health care: _____

3. CULTURAL CAPACITY: I have experience and capacity to provide culturally competent services to clients/consumers in socially, ethnically and/or racially diverse communities. My cultural capacity is in the following community or communities: _____

4. LANGUAGE CAPACITY: I am proficient in a non-English language or American Sign Language. I am willing to commit to find employment/volunteer at a qualifying agency by providing services to clients/consumers using my second-language proficiency. My second language is: _____

5. SERVING COUNTIES OF NEED: I have personal experience, clinical training and/or professional interest in serving a County of Need and, if awarded a stipend, I am willing to fulfill employment/volunteer obligation at a qualifying agency by providing services to clients/consumers in the following County or Counties of Need: _____

Candidate ID Number: _____

CALIFORNIA EDUCATIONAL MFT STIPEND PROGRAM

2014-15 Application Form – Part III

STUDENT QUALIFYING INFORMATION – ESSAY

Complete the essays below and attach your typed responses as part of your application. Each essay can be no longer than 150 words and must be double spaced and use 12 point font. For anonymity in scoring, do not include your name or school in your essay responses or in the header. Only students that checked item 5 in Part II of the application need to complete essay 5.

Refer to the 2014-15 Application Guide when writing your essay responses. The Application Guide provides subject areas for each essay item that will be considered in the scoring of the essays. The objectives of the State Stipend Program are provided in the 2014-15 MFT Educational Stipend Program and further explained in the Application Guide.

- 1. EXPLAIN HOW YOU MEET THE OBJECTIVE OF THE STATE MFT STIPEND PROGRAM TO RECRUIT STUDENTS WITH CAPACITY TO WORK IN UNDERSERVED COMMUNITIES.**
- 2. EXPLAIN HOW YOU PLAN TO MEET THE OBJECTIVE OF THE STATE MFT STIPEND PROGRAM TO SERVE DIVERSE CLIENT POPULATIONS.**
- 3. EXPLAIN HOW YOU MEET THE OBJECTIVE OF THE STATE MFT STIPEND PROGRAM TO RECRUIT QUALIFIED CLINICIANS TO WORK IN THE PUBLIC MENTAL HEALTH SYSTEM WITHIN THE GUIDELINES OF THE MENTAL HEALTH SERVICES ACT.**
- 4. EXPLAIN HOW YOU MEET THE OBJECTIVE OF THE STATE MFT STIPEND PROGRAM TO RECRUIT STUDENTS WHO ARE PROFESSIONALLY COMMITTED TO COMMUNITY MENTAL HEALTH PRACTICE.**
- 5. EXPLAIN HOW YOU PLAN TO MEET THE OBJECTIVE OF THE STATE MFT STIPEND PROGRAM TO SERVE COUNTIES OF NEED. (Complete only if item 5 in Part II of application is checked.)**

SUBMISSION OF APPLICATION

Mail together the completed application (Parts I & II), the typed essays (Part III), and page one of the completed and signed *IRS W-9 Form* to the address below no later than October 8, 2014. Do not include any other items such as a résumé or cover letter. Students should direct any questions about the MFT Stipend Program Application to their school representative. Additional questions may be emailed to mftconsortium@pgi.edu.

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

STIPEND SELECTION DATES

Students will be notified of their application's eligibility status by October 24, 2014 via the student's primary email address. Applications will not be eligible if mailed after the deadline or not submitted as required. Students will be notified of their selection status the week of November 17, 2014.