

CALIFORNIA EDUCATIONAL MFT STIPEND PROGRAM

2015-16 Application Form – Part I

➤➤➤➤ **APPLICATION DEADLINE: October 7, 2015** ◀◀◀◀

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: _____

STUDENT SIGNATURE

I read and understood the information in the 2015-16 MFT Educational Stipend Program Information. 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 _____

SCHOOL INFORMATION

School Name: _____ Campus Site: _____

Enrollment Date: _____ Anticipated Degree Conferral Date: _____

SCHOOL REPRESENTATIVE

Name: _____ Email: _____

Signature: _____ Date _____

School representative's signature implies that the student is in good academic standing and the student's anticipated conferred degree date is between July 1, 2015 and June 30, 2016.

- If unable to provide a signature, the school representative must send verification by email to mftconsortium@pgi.edu by October 7, 2015 and needs to include the student's name, enrollment status and anticipated conferral 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 7, 2015 deadline.

Candidate ID Number: _____

SELECTION OF REGIONAL CONSORTIUM

Students may apply for a stipend for one of the following regional consortia. The application will be read and scored by the Stipend Awards Council of that regional consortium. Students awarded a stipend will be required to search for work or volunteer placement post degree 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 *2015-16 Application Guide* for more explanation on the Counties of Need.

MFT Consortium of Greater Sacramento ____

I am committed 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 committed 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 committed 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 committed 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 committed 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 committed 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 committed 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 committed 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.

2015-16 Application Form – Part II

REQUIRED STUDENT QUALIFYING INFORMATION

Complete fully the information requested. Refer to the *2015-16 Application Guide* for guidance.

COUNTY OPERATED OR COUNTY CONTRACTED FIELD PLACEMENT TRAINING:

My field placement training (practicum) as an MFT student is 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: _____ Ending: _____

ADDITIONAL STUDENT QUALIFYING INFORMATION

Check and complete the information requested only for those items that apply.

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

I have employment or volunteer experience at the following agency that is operated by or contracted with a county mental/behavioral health department which is not part of my field placement training.

Name of agency: _____ City: _____ County: _____

Contact Person: _____ Phone: _____ Email: _____

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

2. A SECOND FIELD PLACEMENT TRAINING:

I have a second field placement training (practicum) as an MFT student 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 diverse communities. My cultural capacity is:

4. LANGUAGE CAPACITY: I am proficient in a non-English language or American Sign Language. I am committed to provide 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* in my selected regional consortium and, if awarded a stipend, I am committed to fulfill the employment/volunteer obligation at a qualifying agency to clients/consumers in the following County or Counties of Need: _____

2015-16 Application Form – Part III

ESSAY RESPONSES

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. Only students that checked item 5 in Part II of the application need to complete Essay 5.

Refer to the *2015-16 Application Guide* when writing your essay responses. The *Application Guide* provides the subject areas for each essay item that will be considered in the scoring of the essays.

- 1. ONE OBJECTIVE OF THE STATE STIPEND PROGRAM IS TO RECRUIT STUDENTS WHO KNOW AND UNDERSTAND THE UNDERSERVED COMMUNITIES SERVED BY THE PUBLIC MENTAL HEALTH SYSTEM. EXPLAIN HOW YOU MEET THIS OBJECTIVE.**
- 2. ONE OBJECTIVE OF THE STATE STIPEND PROGRAM IS TO RECRUIT STUDENTS WITH THE CAPACITY TO SERVE THE CULTURALLY DIVERSE NEEDS OF PERSONS IN MENTAL HEALTH CARE. EXPLAIN HOW YOU MEET THIS OBJECTIVE.**
- 3. ONE OBJECTIVE OF THE STATE STIPEND PROGRAM IS TO PROMOTE THE ACADEMIC AND CLINICAL PREPARATION OF MFT STUDENTS. EXPLAIN HOW YOU MEET THIS OBJECTIVE.**
- 4. ONE OBJECTIVE OF THE STATE STIPEND PROGRAM IS TO PROMOTE PUBLIC MENTAL HEALTH PRACTICE AS A LONG TERM CAREER OPTION FOR MFT GRADUATES. EXPLAIN HOW YOU WILL MEET THIS OBJECTIVE.**
- 5. ONE OF THE OBJECTIVES OF THE STATE STIPEND PROGRAM IS TO PROMOTE CLINICAL SERVICES IN COUNTIES THAT HAVE BEEN MINIMALLY SERVED BY PREVIOUS STIPEND RECIPIENTS. EXPLAIN HOW YOU WILL MEET THIS OBJECTIVE. (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:

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

Applications delivered or postmarked after October 7, 2015 will not be eligible. Students will be notified of their application's eligibility status by October 23, 2015 via their primary email address. Students should direct any questions about the MFT Stipend Program application to their school representative. Additional questions may be emailed to mftconsortium@pgi.edu.

STIPEND SELECTION DATES

The Stipend Awards Council for each regional consortia will meet between October 26 and November 7, 2015 to score the applications and award the stipends. Students will be notified of their selection status the week of November 16, 2015 via their primary email address.