

# 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](mailto: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](mailto: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.