

CalSWEC Public Mental Health Services Act
 Stipend Program Application
 2009-2010 Academic Year

FILING DEADLINE: FRIDAY, MARCH 13, 2009

The formal list of Program Requirements will be available upon renewal of the program grant.

Part I

Personal Information:

First Name:	Middle:	Last Name:	
Mailing Address:	City:	State:	Zip:
Permanent Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
E-mail Address:	E-mail Address:		
Date of Birth:			
Social Security #:	Student ID #:		

Driver's License and Insurance Information:

Driver's License Number:	State:	Expiration Date:
Auto License Number:	Policy Number:	
Auto Insurance Company:	Auto Insurance Expiration Date:	
Do you have Malpractice Insurance:		

Citizenship:

Are you a U.S. Citizen:	If not, please provide a copy of the legal documentation identified below.
Type of document:	
Document number:	Expiration Date:
Does your legal documentation permit you to work past graduation?	
Does the document have a time limit?	

Ethnicity & Language Skills:

Ethnic Background:	Specify:
Are you fluent in a language other than English?	If yes, please indicate language(s) below.
Please indicate language:	Please indicate language:
Read:	Read:
Write:	Write:

Background:

Have you ever been convicted of a misdemeanor or a felony?
If yes, please attach a separate sheet with date(s), location(s) and penalties. The information will be evaluated and does not necessarily disqualify. All information is kept confidential.

Emergency Contact:

Name:	Relationship:		
Street Address:	City:	State:	Zip:
Home Phone:	Work Phone:		
Cell Phone:	E-mail:		

Person who will know how to contact you after graduation:

Name:	Relationship:		
Street Address:	City:	State:	Zip:
Home Phone:	Work Phone:		
Cell Phone:	E-mail:		

Part II**Employment and Volunteer Experience (please attach a resume of your work history):****Are you currently employed in a public mental health agency (i.e. county or contract agency)?**

If yes, please specify your current employment below:

Job Title:	Agency:	Department:	
Unit:			
Dates of employment: From:	To:	Total Year(s):	Month(s):

Do you have previous employment in other mental health or related areas?

If yes, please specify your previous employment below:

Job Title:	Agency:	Department:	
Dates of Employment: From:	To:	Total Year(s):	Month(s):
Job Title:	Agency:	Department:	
Dates of Employment: From:	To:	Total Year(s):	Month(s):

(List any additional mental health or related social services employment on a separate sheet of paper)

Have you volunteered in other mental health or related area?

If yes, please specify your volunteer work below:

Job Title:	Agency:	Department:	
Dates of Employment: From:	To:	Total Year(s):	Month(s):

(List any additional volunteer work on a separate sheet of paper)

Are you currently on educational leave from human services as a social worker (i.e., mental health, social services)?

If yes, please specify below:

Date of anticipated leave: From:	To:
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Part III**Education:**

Undergraduate Degree:	Major:	Institution:
Date of Degree:	Expected Date of graduation from the MSW program at CSU, Fresno:	
Current GPA at end of Spring 2008 semester:	Please attach a copy of your transcripts.	

Part IV

Statement Addressing Public Mental Health Practice:

The selection of stipend award recipients is based on a review of the application, intent statement and an interview with the DSWE MHSA Advisory Committee and Coordinator.

Your statement must be typed and should not exceed 3 pages (12 point font, 1 inch margins and double-spaced). Please be sure to address each of the following items.

1. Describe your interest in working in public mental health services as an MSW clinical social worker.
2. Discuss how you will benefit professionally from participating in the CalSWEC Public Mental Health Services Act (MHSA) Stipend Program.
3. Discuss both your short and long term career goals.

Affirmation:

I hereby attest that I have never been discharged from employment with a county or other social services agency due to violation of county code/merit system rules or violation of agency or professional codes of ethics. I understand that failure to complete or conform to any of the above stated requirements could result in 1) my withdrawal from the CalSWEC Public Mental Health Services Act Stipend Program, 2) suspension of the stipend award, and 3) trigger immediate obligation to repay monies that I have received to date.

I hereby affirm that all information provided in this document for the CalSWEC Public Mental Health Services Act Stipend Program is true.

Student's name (please print): _____

Student's signature: _____ Date: _____

Thank you for your interest in the CalSWEC Public Mental Health Services Act Stipend Program. You will be contacted in order to schedule an oral interview the week of March 30, 2009. This interview will take about 20-25 minutes, with the DSWE MHSA Advisory Committee. Decisions will be mailed the week of April 13, 2009. For questions regarding your application please call Maribel Flores, Mental Health Administrative Coordinator at (559) 278-3076.

Please sign and submit this application to:
Department of Social Work Education
5310 N. Campus Drive PHS 128
Fresno, California 93740
(559) 278-2550
Attn: Betty Garcia, Ph.D, LCSW

Check off list:

- Application
- Personal Statement
- Copy of Transcript(s)
- Copy of Immigrant Documentation (if not a citizen)