

Application Submission Instructions:

1. Complete Application 2. Attach Resume
3. Attach Statement of Interest – Describe your career goal and interests and relate them to the purpose of the BHWET-USF scholarship (no more than 1 double-spaced page single spaced).
4. Submit application materials to the Behavioral health Workforce Education & Training-USF (BHWET-USF Program Director c/o: Dr. Chih-Chin Chou chouc@usf.edu. Psychology interns and students submit application to Dr. Heather Agazzi hcurtis@usf.edu Email submissions should contain “BHWET-USF Scholar Application” in the subject line.

Note: *You can only participate in this program if you are a US citizen or resident; are enrolled in either Rehabilitation and Mental Health Counseling or a Master of Social Work degree program; will be in your last year of study and will register for a minimum 2 semesters of fieldwork experience.*

STUDENT INFORMATION

Student Name (Last, First, M.I.)

USF Student ID #

Date of Birth

Email

Phone

Current Address

Are you a US Citizen? Yes No (not eligible)

EDUCATION INFORMATION

Area of Study: Social Work Rehabilitation and Mental Health Counseling Ph.D. - Psychology

Certificate (optional): ASA MFT

Your degree program start date (Semester first enrolled in classes/Year): _____

Your expected graduation date (semester/year): _____ Current GPA: _____

Do you currently receive or plan to receive:

Financial Aid Yes No

GI Bill Yes No

Tuition Assistance/Waiver Yes No

Do you have relevant experience (paid/unpaid) in behavioral health care (integrated/ not-integrated) Yes No

If yes, please tell us about your experience: _____

MASTER'S STUDENTS ONLY

Will you be in your last year of study by the time you start the BHWET-USF training program? Yes No

Are you going to register for two field placement in the upcoming academic year (2 semesters) Yes No

DISCLAIMER AND SIGNATURE

I certify that I am eligible to receive an RSA scholarship and that the information in this application is true and complete to the best of my knowledge. I understand that inaccurate information may affect my ability to receive and RSA scholarship. If this application leads to award/ receipt of the scholarship, I understand that false or misleading information in my application or interview may result in my removal from the scholarship program.

Signature

Date

VOLUNTARY INFORMATION

This information is voluntary. It will not be used when considering you for the RSA Scholar Program.

Race:

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Two or more races
- Prefer not to answer

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to answer

Languages

Are you able to provide services in the following languages (check all applied):

- English
- Spanish
- Haitian-Creole
- Other: _____
- Prefer not to answer

Gender:

- Male
 - Female
- Preferred Pronoun(s): _____
- Prefer not to answer

Military Service

- Active
- Veteran
- Disabled Veteran
- Other:

Do you have a Disability?

- Yes No
- If yes, please explain: _____
- _____

How did you hear about this scholarship opportunity?

- Email
- Colleague
- Professional Publication
- Graduate Assistant
- Website
- Academic Department
- Other _____