



DEPARTMENT OF HEALTH AND HUMAN SERVICES
**BEHAVIORAL HEALTH AND
RECOVERY SERVICES**

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.

**MARIN WORKFORCE EDUCATION AND TRAINING PROJECT
SCHOLARSHIP REQUEST FORM**

The Marin County Behavioral Health and Recovery Services' Workforce Education and Training (WET) Project is pleased to offer vocational/training/educational scholarship support to residents of Marin County who:

ASSISTANT DIRECTOR

20 North San Pedro Road
San Rafael, CA 94903
415 473 6809 T
415 473 7008 F
415 473 3344 TTY
www.marinhhs.org/bhrs

- have lived experience with mental health or substance use issues
- would like to attend Community College or other certificate program
- want to obtain a certificate in peer, substance use or domestic violence counseling
- want to join the mental health and substance use treatment workforce.

Date of application: _____

YOUR INFORMATION

Name: _____

Address: _____

City: _____ Zip: _____

Phone number: _____

Email: _____

Ethnicity (optional): _____

Sexual Orientation (optional): _____

Age category that you belong in (optional):

18-25 _____

26-64 _____

65+ _____

WHAT YOU PLAN TO STUDY AND WHERE

Are you registered in course work at a community college, vocational program in the field of counseling, drugs/alcohol education or allied field?

Yes ___ Where _____

When do you plan to complete and obtain a certificate? _____

No ___ Where do you plan to enroll? _____

Address: _____

Contact Person: _____

How long will it take you to obtain a certificate of completion in your selected education and training program?

Less than a year ___ More than a year ___ More than two years ___

YOUR GOALS (Attach additional typed pages if needed)

What attracts you to a vocation or career in the mental health, substance use or related field?

What are your vocational and/or career goals?
(Describe where you would like to work, with what kind of issues or clients, and in what positions.)

What is your vision for an ideal mental health and substance use service system?

How do you plan to use your vocation/training/education to benefit the mental health and substance service use system?

YOUR LIVED AND WORK EXPERIENCE

Do you have lived experience with mental illness or substance use? Y ___ N ___

Are you or have you been a consumer or family member in the public mental health or substance use service system? Y ___ N ___

Have you worked or volunteered in a mental health or substance use service system? Y ___ N ___

If yes: Where and for how long?

- 1. _____ # months/years _____
- 2. _____ # months/years _____
- 3. _____ # months/years _____
- 4. _____ # months/years _____

How does your life experience benefit the mental health and substance use service system and its consumers?

(If you have not worked or volunteered, please describe how you think your lived experience would benefit the mental health system.)

YOUR EDUCATION

Do you have previous education in psychology or substance abuse? Y ___ N ___

If yes: Where and when? _____

Have you completed a similar educational/vocational program? Y ___ N ___

If so, which ones?

- 1. _____
- 2. _____

4.

- Are you comfortable with writing, email, and internet searches on a computer? Y ___ N ___
- Do you own or have access to a computer? Y ___ N ___
- Do you have good writing skills? Y ___ N ___
- Do you need additional assistance with your computer or writing skills? Y ___ N ___

YOUR COMMITMENT

I commit to working, on a paid or volunteer basis, for one year in the Marin County Community Behavioral Health system after I complete my vocation/training/education, either for the county or one of its public community-based contractors.

Signature: _____ Date: _____

Printed Name: _____

Thank you for your application.

ATTACH YOUR LETTER OF RECOMMENDATION WITH THIS APPLICATION

Please submit:

1. Completed application
2. Budget form
3. Letter of recommendation

to Cesar Lagleva, MHSUS Ethnic Services and Training Manager:

- **Drop off or mail** to Mental Health and Substance Use Services Division, 20 North San Pedro Road, San Rafael, CA. 94903
- **Fax** to 415-473-7008 or
- **Email signed, scanned copy** to clagleva@marincounty.org.