



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.

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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, BHRS Ethnic Services and Training Manager:

- **Drop off or mail** to Behavioral Health and Recovery 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](mailto:clagleva@marincounty.org).