



## Application for MHSA Scholarship

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**Application Instructions:** Please complete the attached application form to apply for the MHSA Scholarship for the Human Service Certificate and submit it by \_\_\_\_\_. Late applications will not be accepted.

The scholarship funds may be used for tuition, fees, and books in an amount not to exceed \$2,000 per student per year. Board of Governors (BOG) Waivers should be pursued first for students with low to no income. Thus, these students would use scholarship funds for fees and books only. Receipts for tuition, books, and fees and proof of passing grades for each course must be retained and submitted to the Amador College Connect Coordinator.

Please review the MHSA Scholarship Policy and Procedures for more information and before applying for this scholarship.

### Requirements

- Must be a resident of Amador County
- Must be low to no income (requires documentation as per Policy and Procedures)
- Must have a desire to work in public mental health and be registering for classes at Coastline Community College for the Human Services Certificate.
- **Priority is given to those who have personal, first-hand experience with mental illness, either as a client or family member of a client.**

We look forward to receiving your application. Please complete and return to:

Amador College Connect  
525-6 Hwy. 49  
Jackson, CA 95642

Sincerely,  
Rachelle Saldate, Coordinator  
[info@amadorcollegeconnect.org](mailto:info@amadorcollegeconnect.org)  
209.217.8239  
[www.amadorcollegeconnect.org](http://www.amadorcollegeconnect.org)

**Personal information:** Please write legibly:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Establishing Eligibility:** Please check ALL that apply.

I meet the following requirements:

\_\_\_\_\_ I am a resident of Amador County.

\_\_\_\_\_ My income is less than \$14,250 per single person or \$20,300 per family of four. Attach documentation in the form of a pay check stub, unemployment check, welfare check, disability check, etc.

\_\_\_\_\_ I am registered at Coastline Community College in the Health Services Certificate Program. My student number is \_\_\_\_\_.

**Optional:** Please complete if you wish.

Would you like to disclose any personal experience as a mental health client or as a family member of a mental health client?

Yes: \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

No: \_\_\_\_\_

**Personal Statement:** Please explain why you want to work in the mental health field.

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Attach pay stub or other income documentation here:

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my scholarship withdrawn.

I agree to abide by all of the requirements of the MHSA Scholarship Program including:

- *Maintenance of grades C or better in course work,*
- *Attendance at cohort meetings at Amador College Connect,*
- *Submission of transcripts, and*
- *Completion of participation surveys or any other documentation required.*

Further, I understand that if I fail to meet the above commitments, my scholarship will be withdrawn for future semesters.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date