

**California State University, Chico  
School of Social Work  
MSW-Mental Health Stipend**

**2017-2018 APPLICATION**

**APPLICATION DEADLINE: Friday, May 19, 2017 (12:00 p.m.-noon)**

Interviews to occur the week of May 22, 2017

Applicants will be notified of his/her status by Friday, June 2, 2017

Name: \_\_\_\_\_  
Last First MI

**Concentration Year Field Placement**

Please indicate the agency in which you plan to complete your MSW Concentration Year field placement (if known).

Is this agency a public mental health agency or a community-based organization under contract to a public mental health agency? [ ] Yes [ ] No

**Essay Questions**

In 500 words or less for each question, please answer the following five questions. Reply to each question individually. Please type, double-spaced, 12-point font, with your name at the top of each page. Be very specific and clear in your answers.

- A. What led to your desire to work within public mental health?
- B. What professional skills, experiences, and values have prepared you for working with individuals with mental illness?
- C. What are the personal strengths and attributes that you bring to this training opportunity?
- D. What do you see as one of the major issues facing individuals with mental illness? As a social worker in the public mental health system, how would you address that issue?
- E. What is your understanding of the Mental Health Services Act (MHSA) and how does this stipend program fit into the philosophy and spirit of the MHSA?

**Application Packet Materials Check-list**

\_\_\_\_\_ *Agency Field Instructor (AFI) Reference Letter Form*

- Foundation year practicum AFI if you are currently in the MSW program
- BSW practicum AFI if you are entering the One-Year MSW program

\_\_\_\_\_ *CalSWEC Application*

\_\_\_\_\_ *CalSWEC Misdemeanor or Felony Form*

## AFFIRMATION AND RELEASE OF INFORMATION

Please initial each statement indicating that you have read and agree to the following:

- \_\_\_\_\_ I agree to complete my field placement in a public mental health agency and/or a community-based agency under contract to a county public mental health agency;
- \_\_\_\_\_ I agree to have use of an automobile, a valid driver's license, and automobile insurance for bodily injury at all times during this program;
- \_\_\_\_\_ I agree to be fingerprinted and to meet the criminal clearance requirements;
- \_\_\_\_\_ I understand that I am obligated to pay back this stipend through one year of employment (2080 hours) after completing my MSW degree in a county mental health agency, or a community-based organization under contract to a county public mental health agency for each year that I receive a mental health stipend.

I hereby affirm that the above statements are true. I will agree to the provisions of the sample contract if granted a mental health stipend. Furthermore, I give the Awards Committee of the Mental Health Stipend Program permission to review my admissions application for entrance into the CSU, Chico, School of Social Work MSW Program.

I hereby attest that I have never been convicted of a felony or a misdemeanor that would disqualify me from employment in a county public mental health agency, or a community-based organization under contract to a county public mental health agency. Note: The criminal background clearance will disclose felonies and misdemeanors. If you have questions regarding this aspect of the eligibility criteria, please contact Dr. Jean Schuldberg, Mental Health Stipend Coordinator for the School of Social Work.

I hereby attest that I have never been discharged from employment at a county or other social services agency due to violation of county code/merit system rules or violation of agency or professional code of ethics.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail or Deliver Application to:**  
Dr. Jean Schuldberg  
CSU, Chico - School of Social Work, Butte Hall room 511  
Mental Health Stipend Program  
Chico, CA 95929-0550  
Questions: [jschuldberg@csuchico.edu](mailto:jschuldberg@csuchico.edu) or 530-898-4187