



CalSWEC

California Social Work Education Center

MHSA MSW Stipend Program Application

Personal Information (All information requested in this box **MUST** be provided for you to receive a stipend.)

First Name:	Middle Initial:	Last Name:	
Permanent Street Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Primary Phone:	Alternate Phone:		
Primary Email:	Alternate Email:		
MSW School:	Date of Birth: ____ / ____ / ____		

Previous Name(s) Used (if any): _____

Gender: Female Male Transgender Other

Ethnicity: American Indian/Alaskan Native Black/African-American/African Descent

Caucasian/European Descent East Asian Hispanic/Latino Native Hawaiian/Pacific Islander

Middle Eastern/Arab South Asian Multiracial (please specify) _____

Marital Status: Single Married Separated Divorced Domestic Partner Widowed

Annual Household Income in U.S. dollars: \$ _____

Are you a Veteran? Yes No

Do you self-identify as any of the following? LGBTQ Former Foster Youth

Visibly or Invisibly Disabled Other _____

Do you have any personal experience as a consumer of public mental/behavioral health services?

Yes No

Do you have any personal experience as the family member or caregiver of a consumer of public mental/behavioral health services? Yes No

Citizenship and Residence History (all information will be kept strictly confidential)

Country of Birth: _____

Country of Citizenship: _____

If a Naturalized U.S. Citizen, Date of Naturalization: ____ / ____ / ____

If not a U.S. Citizen, Expiration Date of Green Card: ____ / ____ / ____

Current CA County of Residence: _____

CA County of Residence prior to beginning MSW Degree: _____

Education

Degree (BA, BS, etc.)	Major/Field	Institution	Graduation Year

GPA in MSW program as of the end of last term: _____

MSW program enrollment status for stipend year: Full time (2 year) Full time (3 year) Part time

Expected date of graduation from MSW program: ____ / ____ / ____

Language Skills

What is your *first* language? _____

What languages do you speak, read, or write *other* than English?

Language 1: _____

Verbal proficiency: Very Little Moderate Fluent

Reading proficiency: Very little Moderate Fluent

Writing proficiency: Very little Moderate Fluent

Language 2: _____

Verbal proficiency: Very Little Moderate Fluent

Reading proficiency: Very little Moderate Fluent

Writing proficiency: Very little Moderate Fluent

Employment and Volunteer Experience

Are you currently employed in mental health, social services, or a related area? Yes No

Agency:	
Department/Unit:	
Job Title:	
Employment Dates: From: ____ / ____ / ____	To: ____ / ____ / ____

Is your current employment in a County or County-contracted mental health program? Yes No

If YES, please provide the following information:

I have attached a copy of Statement of Release for Academic Time

I am currently seeking an educational leave from: ____ / ____ / ____ to: ____ / ____ / ____

Had you been employed in the mental/behavioral health field before starting your MSW? Yes No

Agency:	Department/Unit:
Job Title:	
Employment Dates: From ____ / ____ / ____	To: ____ / ____ / ____
Agency:	Department/Unit:
Job Title:	
Employment Dates: From: ____ / ____ / ____	To: ____ / ____ / ____

Had you volunteered in the mental/behavioral health field before starting your MSW? Yes No

Agency:	Department/Unit:
Job Title:	
Volunteer Dates: From ____ / ____ / ____	To: ____ / ____ / ____
Agency:	Department/Unit:
Job Title:	
Volunteer Dates: From: ____ / ____ / ____	To: ____ / ____ / ____

Please list any additional employment/volunteer experiences on a separate sheet of paper.

How many years of experience did you have in the following work settings before starting your MSW?

County behavioral health agencies: ____ years

County-contracted behavioral health agencies: ____ years

Other health/human service agencies: ____ years

Please provide contact information for two people who will know how to reach you after graduation:	
Name:	Name:
Relationship:	Relationship:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Alternate Phone:	Alternate Phone:
Email:	Email:

I certify that all of the information provided here is true and accurate to the best of my knowledge.

Applicant Signature

____ / ____ / ____
Date