



Mental Health First Aid Scholarship Application

A scholarship to attend a Mental Health First Aid instructor training is a significant investment in the successful applicant. The tuition to become a certified instructor is \$2,000 and requires a 5-day commitment to the training course. There are limited funds available for scholarships. Priority consideration will be given to applicants who can contribute to the tuition cost.

Transportation, meals not provided during the training and lodging are the financial responsibility of the individual and/or the sponsoring agency/institution.

All items must be completed.

Name: <i>(first, last)</i>	
Title:	
Gender:	
Applicant Type: <i>(check all that apply)</i>	<input type="checkbox"/> I am applying as an independent trainer <input type="checkbox"/> I am applying as an agent of my employer <input type="checkbox"/> Other, please specify: <input type="checkbox"/> I identify as a person with lived experience or a person in long-term recovery <input type="checkbox"/> I support a family member with serious mental illness
NITT Project AWARE Funding: <i>Federally funded grant program through the Substance Abuse and Mental Health Services Administration (SAMHSA)</i>	<input type="checkbox"/> I am not connected to a Project AWARE grantee <input type="checkbox"/> I am connected to a State Educational Agency Grantee (SEA) <input type="checkbox"/> I am connected to a Local Educational Agency Grantee (LEA) <input type="checkbox"/> I am connected to a Community Grantee (AWARE-C)
Organization Name: <i>(if applying as an agent of your employer)</i>	
Organization Type:	<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Not-for-profit <input type="checkbox"/> For-profit <input type="checkbox"/> Other, please specify:
Industry Type:	<input type="checkbox"/> Faith community <input type="checkbox"/> Corporate <input type="checkbox"/> Human resources/Employee Assistance Program <input type="checkbox"/> Law enforcement/public safety



Mental Health First Aid Scholarship Application

	<input type="checkbox"/> Higher education <input type="checkbox"/> Primary/secondary education <input type="checkbox"/> Hospitality <input type="checkbox"/> Older adults <input type="checkbox"/> Social services <input type="checkbox"/> Behavioral healthcare <input type="checkbox"/> Other healthcare <input type="checkbox"/> Government <input type="checkbox"/> Other, please specify:
Organizational Service Area:	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Frontier
Email:	
Primary Phone Number:	
Secondary Phone Number:	
Mailing Address:	
Are you applying for a youth or adult instructor training?	<input type="checkbox"/> Youth <input type="checkbox"/> Adult
Full or expedited training?	<input type="checkbox"/> 5-day training for new instructor <input type="checkbox"/> 3-day training for current instructor
Does your organization have a primary contact for Mental Health First Aid activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name and contact information: Name: Email: Phone number:
Does your organization have an active community/public education program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you find out about the instructor training program?	<input type="checkbox"/> Employer email <input type="checkbox"/> Employer requirement <input type="checkbox"/> Professional relationship <input type="checkbox"/> Personal relationship



Mental Health First Aid Scholarship Application

	<input type="checkbox"/> Internet search <input type="checkbox"/> Mental Health First Aid USA website <input type="checkbox"/> Mental Health First Aid instructor <input type="checkbox"/> Have attended 8 hour course <input type="checkbox"/> Other, please specify:
--	--

Please respond to the following questions. A detailed response is important as you will be competing with others for the funding:

I. Scholarship Questions

1. Why do you need a scholarship to attend the Mental Health First Aid Instructor training?

2. Have there been incidents within the past 12 months that present a case for Mental Health First Aid Implementation in your organization or community?

3. How will Mental Health First Aid complement existing mental health initiatives in your organization or community?



Mental Health First Aid Scholarship Application

7. Each course participant that you instruct will need a Mental Health First Aid manual and you will have printing and other training expenses. How will this be funded?

8. What organizational or community partnerships do you currently have in place or plan to implement that will support the uptake and promotion of Mental Health First Aid training?

II. Applicant Experience & Qualification

9. Why do you want to become an instructor?

10. Please provide a description of your experiences in adult instruction that would qualify you as a strong candidate to be an effective Mental Health First Aid instructor (i.e. group facilitation, teaching, etc.). Please provide time frames for any relevant experience.



Mental Health First Aid Scholarship Application

11. Have you taken a Mental Health First Aid course? If so, when did you take the course?

12. What does the term “mental health” mean to you?

13. What factors do you believe create and maintain the stigma associated with individuals who have mental health problems?

14. What are the key messages of Mental Health First Aid? (max 200 words)

15. What do you believe are the skills and attitudes needed to be an effective Mental Health First Aid instructor? (max 150 words)



Mental Health First Aid Scholarship Application

16. What would you do if during one of the Mental Health First Aid training sessions you are conducting, a participant approaches you privately about a personal mental health problem s/he is experiencing? (max 250 words)

17. Is there anything else you would like to tell us? (optional)

ATTACHMENT 1: REFERENCE LETTER 1

Please attach a reference letter from your sponsoring organization detailing the below. This letter does not have a specific form but needs to address the following:

1. Verification of your candidacy for an instructor scholarship.
2. Demonstration that the organization will support the applicant to teach the number of classes defined in Question 5.
3. Confirmation of your organization's strategy to support the activities outlined in Question 6.

ATTACHMENT 1: REFERENCE LETTER 2

Please attach this reference form from a person who can attest to your suitability of becoming a Mental Health First Aid Instructor. This may be the same person that provides your first reference letter but please provide two separate attachments.

Reference letter 2 form: http://www.mentalhealthfirstaid.org/cs/wp-content/uploads/2013/10/instructor-application-reference-document_dp.pdf

Mental Health First Aid Scholarship Application

ATTACHMENT 3: TRAINING PLAN

Please submit a detailed implementation plan for your first two years of training. We recommend that you obtain tentative approval from civic groups, schools, youth-serving organizations, churches, and other social groups to establish a first-year schedule: (you may use the table below or provide in narrative form).

- e. **Failure to offer the required three classes per year may result in action for repayment of any scholarship funds.**
- f. **Failure to complete three Mental Health First Aid USA courses per year (anniversary date) will cause decertification of your Mental Health First Aid instructor status.**

Group or organization	Location	Potential dates	Potential number of people trained*

* A class should include 15 minimum or 30 maximum



Mental Health First Aid Scholarship Application

Attachment 4: Instructor Candidate Commitment form

Please complete the Instructor Candidate Commitment form located here and attach:

http://www.mentalhealthfirstaid.org/cs/wp-content/uploads/2013/10/Instructor-candidate-commitment-form_DP.pdf