



Lived Experience Scholarship Form Request Form

Name: _____ Date: _____

Address: _____

Phone Number: _____ E-Mail: _____

Please describe your current interest in a career in behavioral healthcare. What are your academic plans to achieve your goals?

Feel free to attach additional sheets:

Are you registered for at least **three** units of course work at a community college, trade school or four year university, or graduate program? Yes _____ No _____

Please indicate the number of units enrolled in for this semester _____

Are you seeking funds to assist with application costs? Yes _____ No _____

If yes, please indicate the college, trade school or university in which you are enrolling. You may list more than one: _____

***** Evidence of enrollment or application to college/university or trade school is required for application to be considered and for awarding of funds*****

LESP is funded by the Mental Health Service Act and administered by Mental Health Association of San Mateo County

Send Completed Applications to:

☞ 2686 Spring St., Redwood City, CA 94063 ☞ (650) 368-3345 ☞ Fax (650) 368-9017

I hereby state that to the best of my knowledge, _____, is a consumer or family member of behavioral health care services in San Mateo County, CA.

Authorized healthcare professional's signature: _____

Printed name: _____ Organization/phone: _____

Date signed: _____

How did you hear about the Lived Experience Scholarship? _____

LES Awardees:

Please sign below if you authorize public announcement (e.g. website, newsletter of your award). This is optional. If you do not prefer to have your award made public, your wishes for privacy will be respected.

I agree to have disclosed that I have received the Lived Experience Scholarship:

Name Date

To be Completed by LEP Review Committee Only:

Category

- Social Cultural Health/Fitness
 Artistic Recreational Other _____

Type of Activity

- Individual
 Group (within mental health community)
 Group (integrated within community)

Approval Status

- Approved Return for more information Not Approved

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If not approved, why: _____

What is the client's commitment/contribution to the activity (to encourage buy-in)? _____

How will the case manager work with the client to help him/her achieve this goal? _____

If you have any questions about this form, the program or how and when awards are dispersed, please contact Shane Young at (650) 368-3345 ext. 134.

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