

Family Support Specialist Competency Course Scholarship Application

Requirements for Participation

- I am at least eighteen (18) years of age and able to work/volunteer legally in the United States;
- I currently reside in the State of Tennessee;
- I self-identify as being or having been the primary caregiver of a child or youth diagnosed with a mental, emotional, behavioral, or co-occurring disorder by a physician or mental health professional;
- I have a high school diploma, GED or degree from an accredited institution.

Training location that you desire:

___East Region

___Middle Region

___West Region

Name: _____

Today's Date: _____ Date of Birth: _____

Address: _____

City, Zip Code: _____

Phone: () _____ Email Address: _____

Veteran: ___Yes ___No Are you currently employed? ___Yes ___No

	Yes	No	Maybe
If you are employed will you have authorization from your employer to participate in this intensive 3-day training?			
If accepted, you must attend all of the 3-day, week day training. Will you commit to that?			
You will be expected to participate in discussions and role-plays using elements of your family's story. Are you comfortable sharing your story with others?			
The training is highly interactive and requires activities that involve small groups, role-playing, and reading to the group. Are you comfortable with this kind of participation?			

Check your highest level of education*:

High School Diploma GED Vocational Certificate, specialty _____
 Associate's Degree Bachelor's Master's, PhD, major _____
 Other, specify _____

***(Please include a copy of your diploma, GED, or unofficial school transcripts)**

Please write complete answers to the following questions. Your answers can be brief, but use complete sentences, type or make your handwriting clear and legible. Please limit your responses to the space provided. This is not a test with right and wrong answers. It is a way to assess your eligibility for the Competency Course Scholarship.

What is your child/youth mental, emotional behavioral or co-occurring disorder as diagnosed by a physician or licensed mental health professional? _____

What experiences have you had in advocating for your or another's child and/or youth with mental, emotional, behavioral (MEB), or co-occurring disorders? *(When sharing identifying information about your or another's child or youth we cannot ensure protection of the information as Protected Health Information as the child or youth is not a client of the agency.)* _____

What does resiliency mean to you and how have you strengthened resiliency in your child and family? _____

Describe your best experience in employment, service work, or volunteer work and what made it that meaningful. _____

Why do you feel you are deserving of this scholarship for the CFSS Competency Course?

Statement of Accuracy:

- I completed this application and the required attachments on my own.
- I completed high school and hold a high school diploma or a GED equivalent.
- I can supply all documentation that has been requested for this application.
- All information I have supplied is true and accurate to the best of my knowledge.

Applicant's Initials indicate they have read above Statement of Accuracy and have understanding:

Statement of Information:

- I fully understand that if I do not pass the FSS Competency Course I am not eligible for another scholarship but may re-enroll in course again at the cost specified by the FSS Competency Course Owners (Tennessee Voices for Children and NAMI Tennessee).
- I fully understand that the FSS Competency Course is not a job placement program.
- I fully understand that if I am denied a scholarship for the FSS Competency Course it **does not** prevent me from enrolling and paying the cost for participation in the course.
- I fully understand that completion and passing of the FSS Competency Course does not automatically make me eligible for FSS Certification.
- I fully understand that information provided within my application will be reviewed by the inter-agency Certified Family Support Specialist (CFSS) Advisory Council/ Tennessee Department of Mental Health and Substance Abuse Services for the purpose of award determination.

Please initial box in front of items above indicating you have completely read Statement of Information. Please sign highlighted area below demonstrating that you have understanding and the capabilities to comply with all of the above items in the Statement of Information:

_____ / _____

My signature below affirms that all of the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information in this application will automatically disqualify me for a Competency Course Scholarship.

Signature _____ Date _____

Upon completion of application please return via one of these options:

Email to: krogers@tnvoices.org

Mail to: Tennessee Voices
500 Professional Park Drive
Goodlettsville, TN 37072

Fax to: (615) 269-8914