

## STUDENT INFORMATION

Student Name (Last, First, M.I.) \_\_\_\_\_

USF Student ID # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Current Address \_\_\_\_\_

Are you a US Citizen? ...  Yes ...  No (not eligible)

## EDUCATION INFORMATION

Area of Study: ...  Social Work ...  Rehabilitation and Mental Health Counseling ...  B.D. - Psychology

Certificate (optional): ...  ASA ...  MFT

Your degree program start date (Semester first enrolled in classes/Year): \_\_\_\_\_

Your expected graduation date (semester/year): \_\_\_\_\_ Current GPA: \_\_\_\_\_

Do you currently receive or plan to receive:

Financial Aid ...  Yes ...  No

GI Bill ...  Yes ...  No

Tuition Assistance/Waiver...  Yes ...  No

Do you have relevant experience (paid/unpaid) in behavioral health care (integrated/ not-integrated)? ...  Yes ...  No

If yes, please tell us about your experience: \_\_\_\_\_

## MASTER STUDENTS ONLY

Will you be in your last year of study by the time you start the BHWET-USF training program? ...  Yes ...  No

Are you going to register for two-credit placement in the upcoming academic year (2 semesters)? ...  Yes ...  No

## DISCLAIMER AND SIGNATURE

I certify that I am eligible to receive an RSA scholarship and that the information in this application is true and complete to the best of my knowledge. I understand that inaccurate information may affect my ability to receive an RSA scholarship. If this application leads to receipt of the scholarship, I understand that false or misleading information in my application or interview may result in my removal from the scholarship program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

