

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 field 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 _____

