



Program Application

First Name: _____ Last Name: _____

Email: _____

Street Address: _____

City: _____ State/Province/Region: _____

Postal Code/ZIP Code: _____ Country: _____

Demographic Information

Gender (Please check all that apply): Female Male Non-Binary/Non-Gendered

Other: _____

Ethnicity (Please check all that apply): Hispanic (including Cuban, Mexican, Puerto Rican, Latinx, and Spanish Origin)

Non-Hispanic Other: _____

Race (Please check all that apply): White African American/Black American Indian/Alaskan Native

Native Hawaiian/Pacific Islander Asian (including Indian subcontinent and Philippines Origin)

Other: _____

Diversity Statement for Mental Health Scholarship Application

The Purpose of the CCNY/OMH Mental Health Scholarship Program is to better prepare the mental health workforce to meet the unique needs of diverse mental health clientele across the state.

Please provide a **500-800 word statement** to describe your commitment to and personal experiences related to diversity, equity, and inclusion efforts in work and educational contexts. Examples may include but are not limited to:

- Your potential to contribute to enhancing diversity efforts in your classes at CCNY or in the mental health workforce;
- Your experiences overcoming economic, social, educational disadvantages, and/or other barriers within the United States;
- Your efforts to encourage equitable access to mental health services and/or to higher education for women, racial minorities and other domestic groups in the United States in fields where they are underrepresented;
- Your leadership and experience mentoring and working with students from groups that have been historically underrepresented in higher education in the United States;
- Your potential to bring to the mental health workforce the critical perspective that comes from your understanding of the experiences of groups historically underserved in and/or underrepresented by mental health services in the United States;
- Your potential to make academic or practical contributions to understanding the barriers facing members of groups who have been historically underrepresented in these fields in U.S. mental health workforce services.



Program Application (Continued)

Acknowledgment Section

This is to certify that I, the undersigned, grant permission to retrieve my grade reports from the Office of the Registrar and my financial aid awards from the Office of Financial Aid. I understand that this information will be used for the purpose of determining my eligibility for this scholarship award. I also understand that the information obtained is confidential.

Signed: _____ Date: _____

I certify that the information provided on this application is true and complete to the best of my knowledge and I understand that any willfully false statement is sufficient cause for rejection of this application.

Signed: _____ Date: _____

Upon completion of the degree, I certify that I will make a good faith effort to work for a minimum of two (2) years in a New York State Medicaid funded mental health program.

Signed: _____ Date: _____

In addition to this application, please be sure to submit the following documents:

- Current Transcript (Unofficial Transcript is Sufficient)
- Current Resume
- Diversity Statement

If you have any questions throughout the application process, please direct them to:

mhcprogram@ccny.cuny.edu