

Mental Health America of Franklin County Scholarship Application Information

Mental Health America of Franklin County (MHAFC) administers the scholarship funds allocated by the Ohio Department of Mental Health (ODMH). The goal of these funds is to assist individuals and groups to develop the leadership and advocacy skills needed to effectively participate in the planning and development of mental health policies and services. We provide Scholarships to consumers and family members, both individuals and groups/organizations. Scholarship funds are awarded to individuals to attend workshops and conferences to enhance their leadership skills and knowledge of mental health issues. To access these funds, potential recipients must complete an application process and meet the enclosed criteria. Applications are available from the MHAFC, ODMH, and online at www.mhafc.org.

CRITERIA FOR SCHOLARSHIP AWARDS

MHAFC has developed a set of criteria that scholarship applicants must meet in order to be considered for an award. Please read these carefully as you complete your application. ***Please be complete and accurate on your application.*** You may contact the MHAFC at 614-221-1441 if you have any questions.

1. MHAFC must have adequate funds available in its budget to cover all costs associated with approval of scholarship requests. This includes funds for emergencies that may arise in association with the awarded activity.
2. The conference or event must be relevant to the overall purpose of the scholarship fund.
3. The cost of the conference, including meals, registration, lodging, and travel must be reasonable for the experience and knowledge to be gained in comparison with past conferences.
4. Consideration will be given as to whether there may be a more appropriate conference or event that might better provide the knowledge or experience the individual or MHAFC will derive from participation at the requested event.
5. **The scholarship request MUST be received in MHAFC office at least ten (10) working days prior to the conference of event registration deadline.**
6. The applicant must indicate efforts to obtain scholarship/funding from other sources prior to making application to MHAFC.
7. **The applicant must agree to complete and submit a brief summary of the conference or workshop and a description of its benefits to them (form enclosed) within three (3) weeks following attendance at the conference/workshop.***
8. **A copy of the event brochure/flyer should be submitted along with the scholarship application. We need documentation of dates and the agenda. Please submit hotel information if applying for lodging.**
9. Individuals who are members of consumer/family groups will be given priority for consideration. If funds are available for more than one scholarship, additional individuals will be considered.
10. Consumer and/or family groups applying for multiple scholarships to allow several group members to attend an event must also complete the "Multiple Scholarship" section of the application. Unless otherwise indicated, multiple requests will be limited to five (5) members from an individual group. Multiple requests will be awarded at the discretion of MHAFC.

11. Presenters should seek scholarships from the conference organizers prior to requesting MHAFC funds. Presenters not sponsored by the conference will be considered in the following priority:
 1. Consumers/Family Members who will be presenting on behalf of a mental health board or consumer-operated service will be considered first;
 2. Consumers/Family Members who will be presenting on behalf of Ohio's mental health consumers will be considered next; and
 3. Other presenters will then be considered.
12. Presenters should provide a description of their workshop or presentation.
13. Consumers/Family Members who have not been awarded MHAFC funds to attend an out-of-state conference or workshop in the current fiscal year will be given first consideration for an out-of-state conference. Individuals requesting a scholarship to in-state conferences and who have not been awarded MHAFC funds to attend another in-state conference in the current ODMH fiscal year will be given first consideration. Additional consideration will be given to:
 - Consumers/Family Members who are willing to share the information gained with other individuals and/or groups will be a priority. You must state on the application form the way you will accomplish this.
 - Consumers/Family Members who have received MHAFC/ODMH scholarship funds in the past and who submitted the follow-up “**Description of Conference/Workshop Benefit**” form.
14. Those individuals who have secured matching funds from another source will be given a very high consideration. These funds may come from local consumer/family groups, mental health agencies, mental health or ADAMS boards, other social groups and agencies, statewide organizations or from one's own funds.

*Note: If you require a **Letter of Recommendation** from the MHAFC as part of the criteria for receiving matching funds or scholarship, the above listed criteria will be used to determine if one will be provided. Not more than two (2) **Letters of Recommendation** will be written per year for any individual.*

* Applicants who do not agree to these criteria and who do not submit the “Description of Conference/Workshop Benefits” will not be considered for additional scholarship grants during the remaining fiscal year.

**Applications not containing copies of conference/event brochures or announcements will not be considered and will be returned to the applicant.

The MHAFC office may disapprove scholarship awards to any individual(s) or group(s) whose application fails to meet one or more of the expressed criteria.

If you have any questions regarding this application process, please call MHAFC office at 614-221-1441.

PLEASE RETURN THIS FORM AT LEAST TEN (10) WORKING DAYS PRIOR TO THE EVENT TO:

**Mental Health America of Franklin County
538 East Town Street, Suite D
Columbus, OH 43215
Or
Fax to: (614) 221-1491**

**APPLICATION FOR SCHOLARSHIPS
MENTAL HEALTH AMERICA OF FRANKLIN COUNTY (MHAFC)**

NOTE: Application **MUST** be received in the MHAFC office 10 working days prior to the event registration deadline.

Mental Health /ADAMH Board Name:		County Name:	Date Submitted:	
Applicant's Name:		Telephone No. Home/Work	Tax ID #(If applicable)	
E-mail:				
Address: (Street, City, State, Zip)				
Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please be advised that booking a flight requires you to provide your D.O.B. for Homeland Security</i>				
Group Affiliation: <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Other				
Conference/Workshop Title (enclose a copy of flyer/brochure)*				
Location:				Date(s)
Are you a presenter? <input type="checkbox"/> Yes <input type="checkbox"/> No		Topic (attach a description of your workshop/presentation)*		
Conference/Workshop Expenses				
Item	Actual Cost	Requesting from MHAFC	Matching Funds	MHAFC Approved Amount
Travel				
Registration (please include completed form)				
Lodging (please include hotel information)				
Meals				
Other				
Total Cost				
Matching Funds Secured <input type="checkbox"/> Yes <input type="checkbox"/> No		Source of Funds		
Please tell us with whom you will be sharing the information gained from attendance at this conference/workshop?				

How and when will you accomplish this?				

*In some cases, the MHAFC may request a letter of recommendation.

I agree to complete the attached Conference/Workshop Benefit Report and return it to the MHAFC within 3 weeks following the event.

Yes

No

Previous Scholarships from MHAFC or ODMH

Title	Location	Date	Amount

Multiple Scholarship Request

This section applies to consumer and/or family groups and organizations who are submitting multiple requests for scholarships. Multiple requests will be awarded at the discretion of the MHAFC. Please list persons requesting scholarships with number 1 being your first priority, number 2 being your second priority, etc. Your prioritization will assist us in making award decisions. All other application criteria will apply for all individuals awarded.

1.	4.
2.	5.
3.	6.

Please remember to attach Conference/Workshop Brochure or Flyer.

Please return this form to the:

**Mental Health America of Franklin County
538 East Town Street, Suite D
Columbus, OH 43215
Or
Fax to: (614) 221-1491**

Rev. 6/3/10

