

**Recovery Education  
Attendance and Scholarship  
Application**



**Please indicate the training(s), date and location to which you are applying:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Advocacy 101 Training</b> - Tuition \$400*  | <input type="checkbox"/> <b>CELT Empowerment and Leadership Training</b> - Tuition \$500* |
| <input type="checkbox"/> <b>Facilitator Skills Training</b> - Tuition \$400*<br>September 7-8, 2019 Newport News (Commuter) | June 24-26, 2019 Radford (Commuter)   |
| <input type="checkbox"/> <b>Workforce Skills Training</b> - Tuition \$400*  | <input type="checkbox"/> <b>(Re)STORE Retreat</b> - Tuition \$500*                        |
|   | October 7-10, 2019 Harrisonburg   |
|   | <input type="checkbox"/> <b>(Re)STORE Retreat</b> - Tuition \$500*                        |
|   | November 11-14, 2019 Harrisonburg   |

*\*There is a limit of 10 full scholarships per training available to low income Virginia residents. Partial scholarships may be available. Please contact [info@mhav.org](mailto:info@mhav.org) for more information.*

**Application Requirements**

***Please note that your application will be considered incomplete if all required documentation is not received by the application deadlines.***

1. Complete self-assessment and background questions
2. Proof of Virginia residency and attest to financial need (*for scholarship applicants*)
3. Two references that can attest to the applicant's individual recovery and qualities in a group dynamic

Send your completed application by email to: [info@mhav.org](mailto:info@mhav.org), by fax to (804) 447-7786 or mail to: MHAV 2008 Bremono Rd, Suite 101 Richmond, VA 23226

**Application Checklist**

**Completed Application Deadline:** 30 Days Prior to Program Start Date

- Include reference contact information and completed answers to questions

**Supporting Documents Deadline:** 21 Days Prior to Program Start Date

- Proof of Virginia Residency
- Completed Reference Questionnaires (Applicant is responsible for ensuring questionnaires are returned promptly to MHAV)

**Cancellation Deadline:** 14 Days Prior to Program Start Date

- Contact MHAV to confirm or cancel attendance

**How did you hear about us?**

- |  |  |
|--|--|
| <input type="checkbox"/> Website         | <input type="checkbox"/> Word of Mouth           |
| <input type="checkbox"/> E-newsletter    | <input type="checkbox"/> Community Service Board |
| <input type="checkbox"/> Facebook        | <input type="checkbox"/> Search Engine           |
| <input type="checkbox"/> Flyer/ Brochure | <input type="checkbox"/> Other                   |

## Personal Information

First Name:	Last Name:	
Street Address:		
City:	State:	Zip Code:
Home Phone:	Mobile Phone:	
Email:	Preferred Method of Contact:	
Emergency Contact Name:	Emergency Contact Phone:	
Have you attended a MHAV training in the past? If so, which one(s) and when?		
Are you a Certified Peer Recovery Specialist?		
Do you have a service animal or emotional support animal?	<input type="checkbox"/> Yes, I have a service animal <input type="checkbox"/> Yes, I have an emotional support animal <input type="checkbox"/> No, I do not have either	
Please let us know about any physical limitations, dietary restrictions, and/or allergies.		
Application Completion:	<input type="checkbox"/> I completed this application myself <input type="checkbox"/> Someone assisted me in completing this application <input type="checkbox"/> Someone else completed this application for me	

## References

Please provide name and email for 2 people who can attest to your individual recovery and wellness as well as your qualities in a group dynamic. We will contact them directly with a short questionnaire for them to complete. *Only 1 reference may be a family member.*

It is the applicant's responsibility to ensure that questionnaires are returned to MHAV in a timely manner. Both references must be received by MHAV at least 21 days prior to training start date in order to be considered for attendance and scholarship.

Name of Reference #1:	Email for Reference #1:	Relationship to Reference #1:
Name of Reference #2:	Email for Reference #2:	Relationship to Reference #2:

## Program Readiness

Please assess your readiness to fully participate in one of our training programs by answering the following questions:

**Yes    No**

- Do you have the stamina to participate in a full day of classroom activities?
- Are you able to work collaboratively with others in small groups?
- Are there any issues that would prevent you from learning at this time?

### ***Retreat-style Trainings Only***

- Are you ready to travel on your own?
- Are you comfortable sharing a room with someone you do not know?

## Background & Experience

1. How do you see this training impacting your own life and relationships?
2. Please describe how you relate to others with different backgrounds and viewpoints. Please give an example.
3. Please describe what you would like to contribute to the community and how you would like to influence opportunities for other people working towards recovery.

## Background & Experience Continued

4. Describe an activity you have been involved in that represents commitment and follow through.

5. What will be your greatest challenge in attending and participating in the training and how will you address that challenge?

## Tuition & Payment

### Commuter-style Trainings

Tuition includes materials and lunch. Applicants are responsible for any transportation and lodging. *Please do not submit payment until you have been notified of your acceptance into the training.*

- I am paying the full tuition     My employer or agency is paying the full tuition
- I am requesting a full or partial scholarship (*Requires proof of VA residency and statement of financial need*)

### Retreat-style Trainings

Tuition includes materials, lodging, and meals. *Please do not submit payment until you have been notified of your acceptance into the training.*

- I am paying the full tuition     My employer or agency is paying the full tuition
- I am requesting a full or partial scholarship (*Requires proof of VA residency and statement of financial need*)

### Retreat Transportation

Applicants are expected to arrange their own transportation to MHAV retreats. Please let us know how you will be traveling to the program.

- I am driving myself
- I am taking public transportation
- Another person or agency is providing transportation

## Scholarship Terms & Conditions

Through the generosity of our donors, full and partial scholarships are available for Virginia residents who demonstrate financial need. Scholarship to a MHAV commuter-style training includes tuition, materials and lunch. Scholarship to a MHAV retreat-style training includes tuition, materials, lodging, meals and reimbursement of 1 roundtrip transportation expenses, if applicable.

By accepting a scholarship, you are agreeing to attend and participate in the program to the fullest of your ability. Recipients who are unable to attend must notify MHAV of the scholarship cancellation 14 days prior to the start date of the training. Cancellation within 14 days or no-show forfeits your scholarship eligibility for 1 year. Scholarships are limited to one per person per training.

### Do you currently reside in Virginia?

*Acceptable documents include: Driver's license, DMV-issued ID, voter registration card, utility bill, etc.*

- Yes and I understand that I must submit proof of Virginia residency to qualify for a scholarship
- No

### What is your low income status?

- Receiving public assistance
- Income below federal poverty guidelines
- Severe financial hardship
- Other \_\_\_\_\_

By submitting this application, I am stating that

- the information in this application is complete and accurate to the best of my knowledge;
- I understand it is my responsibility to ensure any required documentation is submitted on time;
- I am able to fully participate in the program activities;
- I understand completion of this application does not guarantee a scholarship or acceptance into the training;
- I understand that this is essential for my acceptance into a Mental Health America of Virginia training.

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Signature of Applicant

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Date