



Behavioral Health Aide Education Program Stipend/Scholarship Cohort Application

| ease send a resume and cover letter to Katie Hunsberger, Stud Applicant Information | dent Support Coordinator at khunsberger@npaihb.o |
|---|--|
| Full Name: | |
| Pronouns: | |
| Race/Ethnicity: | |
| Tribal Affiliation: | |
| Contact Information | |
| Work Phone Number: | Cell Phone Number: |
| Work Email: | Personal Email: |
| Applicant Address: | |
| Employment Information | |
| Current Employer/Tribal Health Organization: | |
| Hire Date: | |
| Clinical Supervisor Information (if applicable) | : |
| Name: | |
| Email: | |
| Phone Number: | |
| Education History (check all that apply) | |
| Highschool Diploma | College Certificate |
| GED | Associate's Degree |
| Counselor Tech Training | Bachelor's Degree |
| Chemical Dependency Counselor training | Master's Degree |

Doctorate

Some College

| Education History (cont.) | |
|--|------|
| 1. College/University Name: | |
| Start and End Date: | |
| Major: | |
| Minor: | |
| 2. College/University Name: | |
| Start and End Date: | |
| Area of Study: | |
| 3. College/University Name: | |
| Start and End Date: | |
| Area of Study: | |
| Statements of Intent | |
| Ve would like to get to know you more as a person and what makes you a great fit for the BHA ducation Program. Please complete the short answer questions below. | |
| Narrative:* Tell us a little about yourself. | |
| reii us a iittie about yourseii. | |
| | |
| | |
| | |
| | |
| Narrative:* | |
| 1-2 paragraphs outlining your current interest in becoming a behavioral health aide and how you thinl BHA Education Program will benefit your goals. | ⟨ th |
| | |
| | |
| | |
| | |
| | |
| Narrative:* What are your short-term and long-term goals in the behavioral health field? | |

Narrative:*

Please summarize any anticipated or potential challenges/struggles that may prevent you from being able to actively participate for the full two-year commitment (example: other priorities, caring for family members, etc.). Please note that this does not exclude you from participating, rather, it helps us to prepare for and readily support you in the chance that these issues arise. How can we best support you?

Narrative:*

What are your goals in regards to pursuing behavioral health in a Tribe or Al/AN communities? What do you hope to see in Tribal communities with behavioral health needs?

Note: If you are accepted into the NPAIHB BHA Cohort, you will be required to apply for registrations and admissions through your desired educational institution i.e... Heritage University or Northwest Indian College. Completed applications are reviewed by the chosen educational institution and the Behavioral Health Academic Review Committee (BHARC). Northwest Portland Area Indian Health Board (NPAIHB) BHA Student Support Coordinator, Katie Hunsberger will contact applicants regarding the status of their application and acceptance into the NPAIHB Stipend/Scholarship Cohort.

I am applying for the:

Student Stipend (personal expenses)

Student Scholarship (tuition expenses)

I am applying to attend:

Heritage University // BHA Certificate

Northwest Indian College // ATA in BHA

Contact Information:

NPAIHB BHA Student Support Coordinator: Katie Hunsberger

Phone Number: (775) 230-9844 Email: khunsberger@npaihb.org

Program Information:

Tribal Community Health Provider Project (TCHPP) // www.TCHPP.org Northwest Indian College (NWIC) // www.nwic.edu Heritage University (HU) // www.heritage.edu

