The purpose of the Integrated Behavioral Healthcare Scholarship Program is to expand and enhance the education and training of master of social work students enrolled in their final year of practicum. Applicants must have an interest in working in an integrated behavioral healthcare setting with populations who are at risk for or who have developed a recognized behavioral or mental health disorder as well as presents with primary healthcare needs. If selected, applicants will receive a scholarship of $4,000 for their final fall and spring semesters, and be required to excel in an advanced year practicum in an integrated behavioral healthcare setting. Applicants will also participate in various required workshops, activities, and fall and spring courses that will support their clinical experiential learning. In order to apply for the scholarship, applicants must have completed and or enrolled in their foundation level courses prior to acceptance and advanced standing applicants’ degree must be conferred by May 2019. In addition, all applicants must be in good standing in the MSW program (e.g., no incompletes, no graduate level course grades lower than a B, and no unresolved admissions conditions).

Name_______________________________________________________________________________________

Address_____________________________________________________________________________________

City/State/ZIP Code__________________________________________________________________________

Phone __________________________ Email _________________________________________________________

Please circle one option: Advanced Standing MSW Applicant or Final Year MSW Applicant

BY May 18, 2018 PLEASE DELIVER OR MAIL THE COMPLETED APPLICATION TO:

University of Nevada, Las Vegas
School of Social Work
4505 Maryland Parkway, Box 455032
Las Vegas, Nevada 89154-5032
Attn: Natasha Mosby, LCSW
Project Coordinator
By May 18, 2018, please submit to the Project Coordinator, Natasha Mosby all of the following required documents:

- A copy of your resume, which must include a description of your experiences in your BSW Senior Year practicum and/or MSW Foundation Year practicum.
- A copy of your most recent college transcripts
- A mid-term or final paper you submitted during your BSW Senior Year and/or MSW Foundation Year.
- A signed commitment letter (see letter on page 2 of this application)
- A reference form from your Agency Field Instructor (see form on pgs. 5 & 6 of this application)
- A reference form from a Social Work faculty member (see form on pgs. 7 & 8 of this application)

A two-page essay addressing the following questions:

1. What are your interests and/or experiences working with at-risk children, adolescents and/or the adults in a behavioral healthcare setting?
2. What are the skills, knowledge and values that you will bring to this scholarship program?
3. What are your 5-year career goals with respect to your interested population; i.e. children, adolescents, adults, etc.?
4. If you have recently changed your concentration from the management and community practice track to the direct practice track, what are the reasons for this change, and any factors that would enhance or hinder your participation in the required direct practice courses, practicum, and future career working in clinical practice focused on children, adolescents, and transitional aged youth? **NOTE:** If this section pertains to you, your response can extend one-half page beyond the two paged essay addressing questions 1 – 3.

By submitting this application, you give members of the review committee permission to access your current GPA, to contact your BSW Senior Year and/or MSW Foundation Year Agency Field Instructor, and to share information about your background with Scholarship program staff.
I, _____________________________________________ (Your Name) have been selected by the UNLV, School of Social Work (SSW) Integrated Behavioral Healthcare (IBH) Scholarship Program and a $4,000 scholarship for my participation in and satisfactory completion of the IBH Program. My field placement will be focused on integrated behavioral healthcare, and it will be a prerequisite for graduation with the master of social work degree. By signing this letter, I herein commit to completing a field placement working directly with an at-risk population who are developing or who have developed a recognized behavioral health or mental health disorder and presents with primary healthcare needs. My field placement will involve experiential training that offers participation in established inter-professional and integrated health teams.

In consideration for receipt of the education, training, scholarship and field placement experiences, I agree to or attest that the following terms are true:

1. I am in my final field placement of the Master of Social Work Program at the University of Nevada, Las Vegas, School of Social Work.

2. I will fully participate in and complete all educational and training requirements including courses, workshops, and activities such as the outcome evaluation approved by the Scholarship (IBH) Program Curriculum Committee.

3. If I fail to satisfactorily complete all requirements of the field placement, I will cease to participate in IBHC courses and cease to receive the remainder of a prorated Scholarship.

4. I am aware that the scholarship that I receive may have an impact on my financial aid award. If I have questions or concerns, I will contact the UNLV Financial Aid office at: 702-895-3424.

_______
Initials
5. I am aware that the scholarship may affect my federal taxes and/or any applicable state taxes.

6. Should I withdraw from the MSW program (or if I am involuntarily withdrawn) prior to my projected May 2019 graduation date, I will forfeit a portion of my scholarship.

__________________________  ____________________________  ____________________________
Printed Name                                               Signature                                               Date
UNIVERSITY OF NEVADA, LAS VEGAS, SCHOOL OF SOCIAL WORK
MASTER OF SOCIAL WORK PROGRAM
Integrated Behavioral Healthcare
Scholarship Program Reference Form

REFERENCE MUST BE FROM BSW SENIOR YEAR OR MSW FOUNDATION YEAR PRACTICUM AGENCY FIELD INSTRUCTOR

| Name of Student: ___________________________________________ |
| Phone: ___________________________________________________ |
| Practicum Site: ___________________________________________ |
| Dates of Practicum Placement: ______________________________ |

| Name of Agency Field Instructor: ___________________________ |
| Phone: ___________________________________________________ |
| Dates of Practicum Placement: ______________________________ |

| I hereby waive my right of access to the information in this recommendation. |
| I do not waive my right of access to the information in this recommendation. |
| Signature of Applicant | Date | Signature of Applicant | Date |

We appreciate your assistance in helping us determine the student’s suitability for a practicum focused on integrated behavioral healthcare services. Access to this reference form is restricted to appropriate faculty and to the student unless she/he has waived the rights as indicated above. Please assess the applicant’s aptitude for the master of social work direct-practice scholarship program, and her/his qualifications for professional education in the context of the following questions.

I. Please rate applicant in comparison with others whom you have known at a similar stage in their careers.

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<th>Exceptional</th>
<th>Outstanding</th>
<th>Good</th>
<th>Adequate</th>
<th>Poor</th>
<th>No Basis for Judgment</th>
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<td>Ability to express thoughts in speech and writing</td>
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II. Please respond to the following questions:

A. What is your opinion/assessment of the applicant’s skills and ability to work with populations facing behavioral or mental health challenges?

B. What is your opinion/assessment of the applicant’s skills and ability to work with diverse populations and/or in cross-cultural settings?

III. Would you recommend this applicant for a practicum in an integrated behavioral health care setting working with at-risk populations who are at risk for or who have developed a behavioral or mental health disorder? Please circle either:

Yes    or      No

If you circled no, please explain your answer.

Please attach any additional information that you believe would help in determining the applicant’s ability to be an active participant in this program.

Thank you for taking the time to complete this reference form. Please sign and date this form and return to the student or deliver it to the School of Social Work per instructions on the next page.

Name: _______________________________________________________________________________

Signature: __________________________________________________________________________

Date: __________________________
UNIVERSITY OF NEVADA, LAS VEGAS, SCHOOL OF SOCIAL WORK
MASTER OF SOCIAL WORK PROGRAM
Integrated Behavioral Healthcare
Scholarship Program Reference Form

REFERENCE MUST BE FROM A SOCIAL WORK FACULTY MEMBER AT UNLV OR ANY OTHER SCHOOL OF SOCIAL WORK

Name of Student: _______________________________________________________________________________________

Phone: ___________________________________ Email: ________________________________________________________

Social Work Faculty: _____________________________________________________________________________________

Course Student Enrolled: _____________________________________________________________________________________

I hereby waive my right of access to the information in this recommendation.

__________________________________       ____________
Signature of Applicant            Date

I do not waive my right of access to the information in this recommendation.

_______________________________________
Signature of Applicant            Date

We appreciate your assistance in helping us determine the student’s suitability for a practicum focused on integrated behavioral healthcare services. Access to this reference form is restricted to appropriate faculty and to the student unless she/he has waived the rights as indicated above. Please assess the applicant’s aptitude for the master of social work direct-practice scholarship program, and her/his qualifications for professional education in the context of the following questions.

IV. Please rate applicant in comparison with others whom you have known at a similar stage in their careers.

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<th>Exceptional Upper 5%</th>
<th>Outstanding Next 15%</th>
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</table>
V. Please respond to the following questions:

C. What is your opinion/assessment of the applicant’s skills and ability to work with populations facing behavioral or mental health challenges?

D. What is your opinion/assessment of the applicant’s skills and ability to work with diverse populations and/or in cross-cultural settings?

VI. Would you recommend this applicant for a practicum in an integrated behavioral healthcare setting working with at-risk populations who are at risk for or who have developed a behavioral or mental health disorder? Please circle either:

Yes or No

If you circled no, please explain your answer.

Please attach any additional information that you believe would help in determining the applicant’s ability to be an active participant in this program.

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Attn: Natasha Mosby, Project Coordinator

If you have any questions or concerns, please contact:

Natasha Mosby, LCSW  
Project Coordinator  
Behavioral Health Workforce Education and Training Project  
Natasha.mosby@unlv.edu  
Phone: (702) 895-3312  
Fax: (702) 895-0100