

## Bridging the Divide: Diversity, Equity and Inclusion in Behavioral Healthcare Scholarship

### **Purpose**

**Seeking behavioral health treatment is a courageous decision. Research shows that people are more likely to report positive experiences in treatment when they share the race, ethnicity, or gender of their provider. Black, Indigenous, and People of Color (BIPOC), LGBTQ+ individuals, and people with disabilities are underrepresented as mental health consumers (patients/clients) and providers (professionals).**

**The Mental Health Association of Rhode Island (MHARI) aims to increase the availability of culturally and linguistically competent mental health providers in Rhode Island. This program aims to award scholarships to graduate students from diverse backgrounds studying in behavioral health programs in Rhode Island. Supporting today's students will diversify tomorrow's mental health professionals, thus increasing access to treatment and services for under-represented groups.**

### **Scholarships**

**Scholarship awards are \$10,000 and will be paid directly to your college or university.**

### **Eligibility**

- **Be a United States citizen, DACA Student, National, or hold an immigration visa. Persons with a temporary or student visa are not eligible.**
- **Enrolled in full-time or part-time graduate studies at Rhode Island College, University of Rhode Island, Johnson & Wales University, Brown University & Salve Regina University.**
- **Enrolled in Clinical Mental Health Counseling, Social Work, Marriage & Family Therapy, Ph.D. in Psychology, or Psychiatry Degree programs.**
- **Must be on a clinical track, not policy or administration.**
- **Recommended GPA of 3.0 or above**
- **Must demonstrate financial need**
- **Commitment to practicing in Rhode Island upon graduation and licensure.**

**Must fall into one or more of the groups below:**

- **People who come from minority racial or ethnic groups (for example: Black, Indigenous, People of Color)**
- **Speakers of English as a Second Language,**
- **LGBTQ+ Individuals**

- **A person with a disability**

**Instructions:**

**Applicants are encouraged to read the instructions and Application Preview before completing the application. If the application is not correctly submitted, the application will not be considered. It is the applicant's responsibility to ensure the accuracy of the application. An application cannot be revised once it is submitted.**

**All application materials must be uploaded directly to the application platform. For technical assistance, please contact francesca.raoelison@mhari.org with the subject line "DEI SCHOLARSHIP APPLICATION."**

**A complete application consists of:**

- **Online application form**
- **2 recommendations from current or previous supervisors or instructors. Recommendations may not be from friends or family members. We will need contact information for each one.**
- **Your response to the essay question submitted in a Word document, PDF or YouTube video**
- **Academic transcript**
- **FAFSA Summary or Determination Letter (DACA students are exempt from this requirement.)**

**After submitting an application, the applicant will receive an email confirmation from the DEI Program Manager of the Mental Health Association of Rhode Island. Applications will be forwarded to the Review Committee, which is composed of faculty, MHARI staff, and Members of MHARI's community-based Diversity, Equity and Inclusion Advisory Council.**

**\* 1. Contact Information**

<b>Name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>City/Town</b>	<input type="text"/>
<b>State/Province</b>	<input type="text"/>
<b>ZIP/Postal Code</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

\* 2. What Is the highest degree you have completed?

- High School Diploma or GED
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree
- Other (please specify)

\* 3. Please tell us:

1. the name and address of the school, college or institution where you completed your highest degree

2. field of study or major

4. Please list all employment or internship experience within the past five years. (Include Position, Employer, Supervisor contact, Dates of Service)

Work History 1	<input type="text"/>
Work History 2	<input type="text"/>
Work History 3	<input type="text"/>
Work History 4	<input type="text"/>
Work History 5	<input type="text"/>

5. Please list all volunteer experiences within the past three years. Include active participation in college activities or committees, professional or community organizations, teaching assistant experiences, etc..

Volunteer History 1	<input type="text"/>
Volunteer History 2	<input type="text"/>
Volunteer History 3	<input type="text"/>
Volunteer History 4	<input type="text"/>
Volunteer History 5	<input type="text"/>

\* 6. Are you a Part-time or Full-Time Student?

Part-Time Student

Full-Time Student

\* 7. Which college or university do you attend?

Rhode Island College

University of Rhode Island

Salve Regina University

Johnson & Wales University

Providence College

Roger Williams University

Brown University

\* 8. What is your current Degree Program?

Clinical Mental Health Counseling

Social Work

Marriage and Family Therapy

Ph.D. in Psychology

Forensic Mental Health Counseling

Addiction Counseling

Psychiatry

School Counseling

\* 9. Credits completed towards degree

\* 10. Remaining credits needed for degree completion

\* 11. Date of admission to the program (or expected admission date if not yet enrolled)

Date / Time

Date



\* 12. Expected date of graduation

Date / Time

Date

MM/DD/YYYY

\* 13. Cumulative GPA

\* 14. Upload Your Most Recent Academic Transcript.

Choose File

Choose File

No file chosen

## Self-Reflection Questions

**Please attach your written responses to these questions in a separate Word document or PDF. In total, all three responses should fit on one page. Alternatively, you may answer these questions in a brief video instead of a document. Please upload your video to YouTube and then paste your Youtube URL link in the space below.**

### **Narrative Questions:**

**1) Please discuss the significance of this scholarship in pursuing your personal, professional, and/or educational goals.**

**2) What inspires you to be in the mental health field? What impact do you hope to make as a professional?**

**3) What is an unmet need in your community that you hope to address in this field/work if awarded the scholarship or internship?**

15. Upload the document with your written responses if applicable.

Choose File

Choose File

No file chosen

16. Please provide the link to your YouTube video if applicable.

\* 17. Please Select all the languages that you speak and your proficiency level

	Native Speaker	Beginner	Intermediate	Advanced
American Sign Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arabic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Armenian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bengali	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chinese (including Mandarin, Cantonese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
German	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gujarati	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Haitian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hindi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hmong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Italian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Japanese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Khmer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Korean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nepali/Merathi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persian (Farsi, Dari)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Portuguese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punjabi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Russian/Slavic Languages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spanish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swahili	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tai, Lao	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urdu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vietnamese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yiddish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

\* 18. Please Select Your Gender

- Male
- Female
- Non-Binary
- Transgender
- Other

\* 19. What is your citizenship status?

- US Citizen
- Legal Resident
- DACA Student
- Immigration Visa
- Other (please specify)

\* 20. Ethnic Origin

- Hispanic
- Non- Hispanic
- Not Indicated

\* 21. What is your Race?

- White or Caucasian
- Black or African American
- Hispanic or Latino
- Asian or Asian American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Another race

\* 22. What is your veteran status?

- Veteran
- Child of A Veteran
- Grandchild of a Veteran
- Spouse of a Veteran
- None of the above- Not a Veteran



\* 23. Do you Identify as a Person with a Disability?

Yes

No

\* 24. Do you Identify with the LGBTQIA+ Community?

Yes

No

## Financial Need

- 1. Please discuss your financial need for this scholarship/internship.**
- 2. Please upload your FAFSA one-page summary. DACA students are exempt from this requirement and should upload a 1040 Tax Form if they have one.**

\* 25. Please describe your financial need for this Scholarship.

26. Upload documents needed to determine your financial need

Choose File

Choose File

No file chosen

## References

**Please provide contact information for two people who know you well. Professional, academic or service references are preferred.**

\* 27. Reference 1

<b>Name</b>	<input type="text"/>
<b>Company</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Address 2</b>	<input type="text"/>
<b>City/Town</b>	<input type="text"/>
<b>State/Province</b>	<input type="text"/>
<b>ZIP/Postal Code</b>	<input type="text"/>
<b>Country</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

\* 28. Reference 2

<b>Name</b>	<input type="text"/>
<b>Company</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Address 2</b>	<input type="text"/>
<b>City/Town</b>	<input type="text"/>
<b>State/Province</b>	<input type="text"/>
<b>ZIP/Postal Code</b>	<input type="text"/>
<b>Country</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

Certification Statement

**I, the undersigned, hereby certify that all of the information on this scholarship application is true and complete to the best of my knowledge. I realize that information from this application will be used to determine scholarship eligibility.**

**I attest that I plan to practice as a mental or behavioral health provider in Rhode Island upon graduation and licensure. I agree to respond promptly and truthfully to the Mental Health Association of Rhode Island's periodic surveys for no more than five years from the date of my licensure."**

\* 29. Signature

\* 30. Today's date

Date

Date

