

**APPLICATION PACKET SENT TO ALL CANDIDATES**



Thank you for expressing an interest in the Linda M. Stuhmer Behavioral Health Fellowship program sponsored by the EMC Health Foundation. I am thrilled you are applying and I look forward to talking with you.

Attached is the application packet that details what must be submitted for consideration. Please provide a complete packet to avoid delays. Most important, we need proof that you have graduated from college and that you have been accepted into one of the four doctorate or master's degree programs listed below:

- Licensed Clinical Social Worker
- Licensed Marriage and Family Therapy
- Licensed Professional Clinical Counselor
- Licensed Clinical Psychologist

If you have any questions, please do not hesitate to reach out to me via email.

With warm regards,

A handwritten signature in black ink, appearing to read "Jeffrey Lewis".

Jeffrey Lewis

President and Chief Executive Officer  
jeffrey@emchf.org

## **The Linda M. Stuhmer Behavioral Health Fellowship Application**

EMC Health Foundation (EMCHF) has launched a scholarship program to help educate the mental health workforce of the future. The first phase of the initiative is focused on covering the costs of graduate school for applicants seeking a degree as a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Clinical Psychologist, or a Licensed Professional Clinical Counselor. The EMC Health Foundation fellowship is designed to cover tuition and books and not to exceed \$50,000. In exchange, applicants agree to practice as a mental health professional for three years in any of the following zip codes in the California Central Valley. These are the Greater EMC Health Foundation zip codes:

<b>95301</b> – Atwater, Buhach	<b>95303</b> – Ballico	<b>95307</b> – Ceres
<b>95313</b> – Crows Landing	<b>95315</b> – Delhi	<b>95316</b> – Denair, Montpelier
<b>95322</b> – Gustine, Santa Nella	<b>95324</b> – Hilmar, Irwin	<b>95326</b> – Hughson
<b>95328</b> – Keyes	<b>95334</b> – Livingston, Arena	<b>95360</b> – Newman, Hills Ferry
<b>95363</b> – Patterson, Diablo Grande, Grayson, Westley	<b>95374</b> – Stevinson	<b>95380-95381-95382</b> – Turlock, Cortez
<b>95358</b> – West Modesto, Bret Harte, Riverpark	<b>95388</b> – Winton, Cressey	

**The Linda M. Stuhmer Behavioral Health Fellowship Application Medical Education Assistance must be submitted to:**

Allie Jeffery, Associate Director - Research Cohorts  
 EMC Health Foundation  
 2881 Geer Road, Suite A – Turlock, CA 95382  
 Or by email to: [allie@emchf.org](mailto:allie@emchf.org)  
 Subject: Behavioral Health Fellowship Application

**All application packets must include the following:**

1. Name / mailing address / city / state / cellphone number.
2. Proof of U.S. citizenship (passport photo and accompanying information).
3. Proof of graduation from a college or university (certified transcripts).
4. Verification of acceptance to a U.S. based graduate program
5. Three reference letters: one each for personal, professional, and academic.
6. Your personal statement. This is a 1-2 page single-spaced letter to the EMC Health Foundation Behavioral Health Fellowship Committee sharing why you are applying, background on yourself, and why you have an interest in practicing in behavioral health within one or more of the zip codes in the Greater EMC Health Foundation Community.
7. Please indicate if you have attended graduate school, received a graduate degree, or taken graduate courses, etc. This is not a requirement but allows the Committee to know and understand the breadth of your interests.
8. Signed verification and release form

**EMC Health Foundation**  
**Linda M. Stuhmer Behavioral Health Fellowship Agreement**

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**Applicant's Verification and Release:**

I verify that this application packet is complete in its entirety and that there are no areas omitted. I understand that if a question is not completed or a document is not submitted, the entire application packet will be returned to me and will not be processed until it is completed in full. I hereby release from liability all persons, corporations, or other organizations furnishing information. I am aware that any medical education assistance funds are conditional, depending on the results of verification of all documents submitted. It is understood and agreed that any misrepresentation, to the best of my knowledge and belief, in this application packet or submitted documents will be sufficient cause for cancellation of the application. And, I grant EMC Health Foundation permission to contact anyone referenced in this application should the foundation have additional questions.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

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