

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



Linda Stuhmer Behavioral Health Fellowship

APPLICATION PACKET COVERSHEET

Application information

Full name:	<div style="display: flex; justify-content: space-between; width: 100%;"> <i>Last</i> <i>First</i> <i>M.I.</i> </div>	Date:	
Address:	<div style="display: flex; justify-content: space-between; width: 100%;"> <i>Street address</i> <i>Apt/Unit #</i> </div>	Phone:	
	<div style="display: flex; justify-content: space-between; width: 100%;"> <i>City</i> <i>State</i> <i>Zip Code</i> </div>	Email:	

Do you agree to work in the EMCHF service area upon graduation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you authorized to attend school and work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you currently attending a university?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, where?
Have you been accepted into a graduate-level program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, which degree?

EMC Health Foundation Linda M. Stuhmer Behavioral Health Fellowship Agreement

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 _____

Linda M. Stuhmer Behavioral Health Fellowship Application Guidelines

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, a Licensed Professional Clinical Counselor, or a Licensed Clinical Psychologist. 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:

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

APPLICATIONS MUST BE RECEIVED BY, FRIDAY, MAY 17, 2024

Fellowship Application Requirements:

- LSBHF Coversheet with providing your legal name, address, phone number, and email address. This must include the applicant’s verification and release form signed and dated within the open application window.
- Proof of U.S. citizenship (passport photo and accompanying information).
- Proof of graduation from a college or university (certified transcripts).
- Verification of acceptance to a U.S. based graduate program.
- Three reference letters: one each for personal, professional, and academic.
- 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 behavioral health within one or more of the zip codes in the Greater EMC Health Foundation Community.
- 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.