



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
DIVISION OF MENTAL HEALTH SERVICES
 5th FLOOR, ANDREW JACKSON BUILDING
 500 DEADERICK STREET
 NASHVILLE, TENNESSEE 37243

BILL HASLAM
GOVERNOR

E. DOUGLAS VARNEY
COMMISSIONER

Family Support Specialist Competency Course Scholarship Application

Requirements for Participation

- ✓ I am at least eighteen (18) years of age and able to work/volunteer legally in the United States;
- ✓ I currently reside in the State of Tennessee;
- ✓ I self-identify as being or having been the primary caregiver of a child or youth diagnosed with a mental, emotional, behavioral, or co-occurring disorder by a physician or mental health professional;
- ✓ I have a high school diploma, GED or degree from an accredited institution.

Training location **that you desire:**

- ___ East Region
- ___ Middle Region
- ___ West Region

Today's Date: _____

Name: _____

Address: _____

City, Zip Code: _____

Phone: () _____ Email Address: _____

Date of Birth: _____ Veteran: __Yes __No

Are you currently employed? ___Yes ___No

	Yes	No	Maybe
If you are employed will you have authorization from your employer to participate in this intensive 3-day training?			
You will be expected to participate in discussions and role-plays using elements of your family's story. Are you comfortable sharing your story with others?			
If accepted, you must attend all of the 3-day, week day training. Will you commit to that?			
The training is highly interactive and requires activities that involve small groups, role-playing, and reading to the group. Are you comfortable with this kind of participation?			

Please describe in the space below your work history in and outside of the home. **(Note: an employment history is not necessary for scholarship or certification consideration.)**

Check your highest level of education*:

High School Diploma GED Vocational Certificate, specialty _____

Associate's Degree Bachelor's Master's, PhD, major _____

Other, specify _____

***(include a copy of your diploma, GED, or unofficial school transcripts)**

Please write complete answers to the following questions without outside help. Notably, this application can only be completed by the individual applying for the scholarship. Your answers can be brief, but use complete sentences, type or make your handwriting clear and legible, and limit your responses to the space provided. This is not a test with right and wrong answers. It is a way to assess your eligibility for the Competency Course Scholarship.

What is your child/youth's mental, emotional behavioral or co-occurring disorder as diagnosed by a physician or licensed mental health professional? _____

What experiences have you had in advocating for child and/or youth with mental, emotional, behavioral (MEB), or co-occurring disorders? _____

What does resiliency mean to you and how have you strengthened resiliency in your child and family? _____

Describe your best experience in employment, service work, or volunteer work and what made it meaningful. _____

Statement of Understanding:

- I fully understand that TDMHSAS or the FSS Competency Course Facilitators will not provide a stipend for participation or completion of the course.
- I fully understand that the FSS Competency Course is not a job placement program.
- I fully understand that if I am denied a scholarship for the FSS Competency Course, it **does not** prevent me from enrolling and paying the cost for participation in the course.
- I fully understand that if I do not pass the FSS Competency Course, I am **not** eligible for another scholarship but may re-enroll in the course again at the cost specified by the FSS Competency Course Owners (Tennessee Voices for Children and NAMI Tennessee).
- I fully understand that completion and passing of the FSS Competency Course does not automatically make me eligible for FSS Certification.
- I fully understand that if I have not registered for the FSS Competency Course by September 29, 2016, my scholarship will be voided.
- I fully understand that all information provided in this application can and shall be referenced if and/or when I apply for FSS Certification.
- I fully understand that all information provided within my application will be reviewed by the inter-agency Certified Family Support Specialist (CFSS) Advisory Council for the purpose of award determination.
- I fully understand that my name, address, email and phone number will be shared with TN Voices for Children and NAMI Middle TN for the sole purpose of scheduling the Competency Course participation.
- I have read and fully understand the most updated version of the TDMHSAS CFSS Manual and Requirements of becoming a Certified Family Support Specialist.

Please initial box in front of items above indicating you have completely read Statement of Information. Please sign highlighted area below demonstrating that you have understanding and the capabilities to comply with all of the above items in the Statement of Understanding:

_____ / _____

Signature

Date

Statement of Accuracy:

- I completed this application and the required attachments on my own.
- I completed high school and hold a high school diploma or a GED equivalent.
- I can supply all documentation that has been requested for this application.
- All information I have supplied is true and accurate to the best of my knowledge.

Applicant's Initials indicate they have read above Statement of Accuracy and have understanding:

My signature below affirms that all of the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information in this application will automatically disqualify me for a Competency Course Scholarship.

Signature _____ Date _____

Upon completion of application please return via one of the listed options:

Fcfss.tdmhsas@tn.gov or
TN Dept. of Mental Health & Substance Abuse Services
Andrew Jackson Building, 5th Floor
500 Deaderick Street
Nashville, TN 37243