**SDSU CSP NATIVE SCHOLARS AND COLLABORATORS PROJECTS**

**SCHOLAR APPLICATION**

**The SHPA Project**

**Supporting High-Intensity Mental Health Needs of Native and Indigenous Youth:**

**School Psychologist and Counselor Advanced Preparation (SHPA**)

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Red ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADUATE PROGRAM: \_\_\_ SCHOOL PSYCHOLOGY \_\_\_ SCHOOL COUNSELING

MONTH/YEAR OF EXPECTED GRADUATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide:

* A personal statement (two to four pages) outlining:

(1) your interest in and commitment to learning appropriate service to Native American children, youth and families including a specialization in mental health, and

(2) why you believe you are a strong candidate to become a Scholar on the SHPA Project.

Please reference your own experience, if any, in Indigenous communities and/or schools that serve Indigenous youth and communities, and the mental health and/or special needs or associated issues with which you are familiar. In addition, comment on your cross-disciplinary experience, cross-cultural experience, work with community and collaboration experience.

* Your current resume or vita, and
* This cover sheet with the information above complete and the affidavit signed (you may sign, scan and email).
* **Please TITLE the documents** you send using your last name, SHPA, and either the word *Cover* or the words *Statement* or *Vitae***.** You can also create one PDF file and send the entire application as one document.
* **Email your complete application to Dr. Carol Robinson-Zañartu, SHPA Director, at** [**crobinsn@sdsu.edu**](mailto:crobinsn@sdsu.edu)**. Contact the director for annual due dates. Remember that you must be accepted into one of the graduate program to be eligible for this project.**

AFFIDAVIT

I have been informed about the nature and requirements of the projects. If accepted, I agree to participate in the Summer, Winter, and Spring Institutes, the project seminar and specialized classes associated with the project, fieldwork with Native youth, professional conferences, and to complete the accountability portfolio at the end of each project semester. I understand that I must remain a student I good standing to receive continuing support. I also understand that repayment of the financial support I receive is waived under the condition that following graduation, I work in education in the field for which I am being prepared for two years for each year of support I receive.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_