

**County of San Bernardino  
Department of Behavioral Health**

**Workforce Education and Training  
Employee Scholarship Program**



Made possible through funding from the Workforce Education and Training (WET) Program  
Mental Health Services Act (MHSA)



Behavioral Health

## **Introduction**

---

The County of San Bernardino Department of Behavioral Health (DBH) is pleased to announce a Workforce Education and Training (WET) Employee Scholarship Program opportunity for DBH employees.

The Employee Scholarship Program is a component of the Mental Health Services Act (MHSA) Workforce Education and Training Plan. Funding has been allocated to provide scholarships designed to pay student tuition (not to include books, travel or other expenses) for employees who are working to earn a clinical or non-clinical Certificate, Associate, or Bachelor's degree, or a non-clinical Master's or Doctoral degree. This opportunity is expressly designed to promote the development of a strong, stable, and diverse workforce within DBH.

The objective of this scholarship program is to help current DBH employees continue their educations and advance their careers. Awardees will be paid upon the completion of class with proof of a satisfactory grade. All awards are subject to the availability of funding.

Being awarded the scholarship does not permit the employee to conduct school work or attend classes during work hours, nor is the employee compensated for any time spent on official school business. Previous awardees must reapply for the Employee Scholarship each year to remain eligible.

## **Eligibility and Selection Criteria**

---

To qualify for the program, candidates must:

- Be a regular status employee in good standing with DBH, at both the time of application and the time of award payment. Verification of good standing is required, and must be approved by the employee's Deputy Director.
- Demonstrate an interest in and a commitment to advancing in a behavioral health career, including administrative and technical careers.
- Be a full-time or part-time student in a clinical or non-clinical Certificate, Associate, or Bachelor's degree program or non-clinical Master's or Doctoral Degree program. Those enrolled in a clinical Master's degree program are eligible for other financial incentives. Therefore, clinical Master's degree students are not eligible for the Employee Scholarship Program. Those enrolled in a clinical Bachelor's degree program may apply since they are not eligible for other financial incentives.
- Must not be a candidate for the employee internship program.
- Have a minimum cumulative 3.0 grade point average at submission of application.

- Maintain a minimum cumulative 3.0 grade point average as well as earn the equivalent of at least a “C” grade in any class taken during the scholarship period. **Note:** Award amount will be prorated for classes with “C” grade or higher. Any classes with less than a “C” grade will not be included in the final award amount.

Desirable qualities include:

- Bilingual capabilities to serve linguistic populations currently underserved in the County of San Bernardino - DBH.
- Volunteer or community service activities.

All scholarship recipients must be in good standing and accepted into an academic program, prior to receiving the award. If awarded, the scholarship recipient will receive the award upon completion of the school term with proof of a satisfactory grade.

## **Scholarship Program Awards**

---

The maximum scholarship award is up to **\$5,000.00** per year for Bachelor’s and graduate students and up to **\$1,000.00** per year for certificates or Associate degrees.

The number of awards of each type will vary depending on the number of applications received for each type, and the total of all awards are not to exceed \$25,000 per fiscal year. For example, there may be three awards of \$5,000 each and ten awards of \$1,000 each for a total of \$25,000.

The scholarship awardees must be accepted into an academic program prior to receiving the award, and awards will be distributed at the end of each school year upon the awardees providing the Employee Scholarship Program with required verifications (see “Payment Process” on the last page). Students may re-apply for the Employee Scholarship each year.

## **Application Process**

---

### **Application Checklist**

Submit the following in the application packet:

1.  **Completed Employee Scholarship Application Form.**  
Complete all pages of this application. The application must be completed, signed, and dated to be considered eligible. The Employee Scholarship Application Form (Attachment I) can be found in this application packet.
2.  **Completed Employee Status Verification Form.**  
Complete the Personal Information section of verification form, and obtain your supervisor's and deputy director's signature prior to submission. The Employee Status Verification Form (Attachment II) can be found in this application packet.
3.  **Proof of School Registration and Cumulative Grade Point Average (GPA).**
4.  **Copy of the cost of attendance/tuition for the education program.**

### **Application Submission**

---

All applications and supporting documentation must be received by the deadline. In order to be considered, each part of the application must be completed. Completed applications, along with supporting documentation, must be submitted via email to [DBHtraining@dbh.sbcounty.gov](mailto:DBHtraining@dbh.sbcounty.gov) by 5:00 PM on the application closing date. Incomplete or late applications will not be considered.

### **Notification of Awards**

WET will notify applicants of their application results within 60 days after the final submission date.

**Application Deadline: February 1, 2021 (Winter Term)**

### **Submit Application via email to:**

County of San Bernardino DBH Training Institute  
Employee Scholarship Program  
[DBHtraining@dbh.sbcounty.gov](mailto:DBHtraining@dbh.sbcounty.gov)

# County of San Bernardino

## Department of Behavioral Health

### Employee Scholarship Application

#### Part A – Demographic Information

##### Personal Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Other Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Program: \_\_\_\_\_

Title: \_\_\_\_\_

Interoffice Mail Code: \_\_\_\_\_

Supervisor Name and Title: \_\_\_\_\_

Length of Employment  
with DBH: \_\_\_\_\_

##### Educational Information

I am enrolled in the following: \_\_\_\_\_

 Associate Degree/Certificate      Major/Subject: \_\_\_\_\_

 Bachelor's Degree      Major: \_\_\_\_\_

 Master's Degree      Non-Clinical Major: \_\_\_\_\_

 Doctorate Degree      Non-Clinical Major: \_\_\_\_\_

University/School Name: \_\_\_\_\_

University/School Address: \_\_\_\_\_

Projected date of program/coursework completion: \_\_\_\_\_

What is the highest level of education you have completed? \_\_\_\_\_

Number of classes enrolled in during Fall/Winter: \_\_\_\_\_

Total cost of tuition for Fall/Winter: \_\_\_\_\_

#### Part B – Fluency

List any language(s) other than English and check the boxes in which you are fluent.

1 <sup>st</sup> Language: _____	<input type="checkbox"/> Speaking	<input type="checkbox"/> Reading	<input type="checkbox"/> Writing
---------------------------------	-----------------------------------	----------------------------------	----------------------------------

2 <sup>nd</sup> Language: _____	<input type="checkbox"/> Speaking	<input type="checkbox"/> Reading	<input type="checkbox"/> Writing
---------------------------------	-----------------------------------	----------------------------------	----------------------------------

3 <sup>rd</sup> Language: _____	<input type="checkbox"/> Speaking	<input type="checkbox"/> Reading	<input type="checkbox"/> Writing
---------------------------------	-----------------------------------	----------------------------------	----------------------------------





## Part D – Application Certification

I certify that all information in this application is true and accurate to the best of my knowledge. I authorize the Workforce Education Training Employee Scholarship Program to verify any information submitted as part of this application. I understand that falsification of information contained in this application will disqualify my application, is a violation of the Personnel Rules, and may result in disciplinary action up to and including termination. I understand that once submitted, my application and all supporting documents become the property of WET.

I also understand that being awarded the scholarship does not permit me to conduct school work or attend classes during work hours, nor will I be compensated for any time spent on official school business.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Employee Scholarship Overview**

---

### **Screening Process**

---

Scholarship applications received by the application deadline are screened by the WET Administrative Review Team. The Screening Process criteria includes, but is not limited to:

1. Evidence that the applicant meets the minimum submission requirements, including submitting all items listed on the Application Checklist by the submission deadline.
2. Evidence that the applicant meets the minimum eligibility requirements.
3. Evidence that the applicant is a regular status DBH employee in good standing.
4. Cost of and verification of enrollment at a college or university listed as accredited on any State of California website.

### **Evaluation Process**

---

All identifying information is removed from the applications and then forwarded to the members of the Employee Scholarship Application Review Team for further evaluation. Each applicant response is evaluated and scored on multiple factors, with points awarded for each factor, and added up to a maximum amount of points for each application. The point totals are then used to present a list of recommended Scholarship Awardees to the DBH Executive Team. The Evaluation Process criteria includes, but is not limited to:

1. Indication the applicant clearly and concisely addresses the questions while displaying the intent to continue working in the public mental health system (PMHS).
2. Applicant's responses are well constructed and free of spelling and grammar errors.

### **Executive Review Process**

---

Applications are then forwarded to the members of the DBH Executive Team for review and Final Evaluation. The information you provide on the application, the required documentation, and the recommendation of the Employee Scholarship Application Review Team will be reviewed by the DBH Executive Team to determine the Scholarship awardees. The Evaluation Process criteria includes, but is not limited to:

1. Indication that the applicant has a desire to pursue a career in the behavioral health field, specifically in DBH.
2. Personal experience with and/or knowledge of recovery and/or behavioral health services.

All decisions are final.

## Payment Process

---

The scholarships are paid at the end of each school year to those who received prior award approval. Students may reapply for the Employee Scholarship each year. The student must provide the Employee Scholarship Program with the following:

1.  **Current Employee Status Verification Form.**  
To verify your status after completion of the school year, complete the Personal Information section of verification form, and obtain your supervisor's and deputy director's signature prior to submission. The Employee Status Verification Form (Attachment II) can be found in this application packet.
2.  **Completed Employee Reimbursement Form (ERF).**  
Fill out the ERF used for Tuition, Relocation Reimbursement and other Taxable Reimbursements. The ERF must be completed, signed, and dated by the awardee.
3.  **Course Grade Verification.**  
Verification of at least a cumulative 3.0 GPA as well as a grade of at least a "C" equivalent in each course taken during the scholarship period.
4.  **Proof of Tuition Paid.**
5.  **Course Description.**  
Course description that has the course name and dates of each course approved for payment. A copy from the course catalog will suffice.

To process the award request and issue payment to the employee, the necessary verifications will be submitted to DBH Fiscal with a completed WET Scholarship Payment Form.



County of San Bernardino  
 Department of Behavioral Health  
 Workforce Education and Training  
 Employee Scholarship Program

## Employee Status Verification Form

### Personal Information

Employee Last Name, First Name	Job Title/Position	Employee ID
Work Street Address	Work City	Work Zip
Supervisor Name	Supervisor's Work Phone	
Supervisor Email	Deputy Director Name	

The Employee Scholarship Program was included in the Workforce Education and Training (WET) plan to provide scholarships to DBH employees enrolled in a certificate, Associate, Bachelor's, or non-clinical Master's or Doctoral degree program. It was expressly designed to promote the development of a strong, stable, and diverse workforce within San Bernardino County DBH.

The employee must be enrolled in a certificate, Associate, Bachelor's, or non-clinical Master's or Doctoral degree program. Those enrolled in a clinical Master's degree program are eligible for other financial incentives rather than the Employee Scholarship Program. Those enrolled in a clinical Bachelor's degree program may apply since they are not eligible for other financial incentives.

The employee must be a regular status employee in good standing and obtain supervisor signature as verification. The employee must obtain a signed verification to apply for the scholarship. At the end of the school year, the employee must provide a second signed verification to receive payment.

**In signing below, the Supervisor and Deputy Director for the employee agrees that:**

Employee is a regular status employee in good standing and is approved to participate in and/or receive the award from the Employee Scholarship Program.

Supervisor Signature	Date
----------------------	------

Deputy Director Signature	Date
---------------------------	------

**Supervisor/Deputy Director** – Return completed form to employee.

**Employee** – Submit this form to:

County of San Bernardino, DBH Training Institute  
 Employee Scholarship Program  
 Mail Code: 0019  
 1950 S. Sunwest Lane, Ste. 200  
 San Bernardino, CA 92415  
 Email: [DBHtraining@dbh.sbcounty.gov](mailto:DBHtraining@dbh.sbcounty.gov)