



CERTIFIED PEER COUNSELOR TRAINING SCHOLARSHIP APPLICATION

The Chad’s Legacy Project Peer Training Stipend Grant, provides an opportunity to those wishing to become a Certified Peer Counselor through the Washington State Healthcare Authority Certified Peer Counselor training program. This CLP Scholarship of up to \$700 per trainee is reserved for those not already employed in the Behavioral Health workforce and show that attending the training is also a financial hardship in time taken off from work.

Requirements are based on the below application, availability of Chad’s Legacy funds and the met requirements listed here:

- Reserved for those not already employed in the Behavioral Health field
- Have a signed Community Endorsement (see application)
- Have been in recovery for at least one year
- Are currently living and plan to continue living in Washington State
- Intend to work in the Behavioral Health System as a CPC within 6 mos.
- Agree to participate in a quarterly survey in the 12 months following training.

Please complete each section and return via email to chadslegacyproject@gmail.com – or- mail to: Chad’s Legacy Project, PO Box 16689, Seattle WA 98116

**Section 1
CONTACT AND CURRENT EMPLOYMENT**

NAME		PHONE	
MAILING ADDRESS		EMAIL ADDRESS	
Current employer or volunteer site		Approximate monthly salary	

**Section 2
UNDERSTANDING NEED**

1. Have you applied to attend the CPC Training? _____
2. If yes, have you already been accepted? _____
3. If yes, what is the date of your training? _____
4. Have you already reached out to other organizations for assistance? _____
5. If Yes, have you been awarded funds? _____
6. If Yes, how much? _____
7. How much do you feel you need in order to attend the training? _____

Section 3
TELL US ABOUT YOURSELF

Please describe how you would use your life experience in your work as a Peer Counselor:
(use separate sheet if necessary)

Please describe how you would use this opportunity within your short-term employment goals
(6-12 mos): (use separate sheet if necessary)

Please describe how you would use this opportunity within your long-term employment goals
(3-5 yrs): (use separate sheet if necessary)

Section 4
COMMUNITY ENDORSEMENT

Org Name		Contact	
Email		Phone	

We have met the applicant and feel he/she/they would be a strong candidate for the Chad's Legacy Peer Counselor Scholarship. We understand this is in no way a promise to employ the grant applicant, but does indicate we would entertain a formal interview at such time that we had an opening for the Peer Counselor services he/she/they would be trained in.

Signature:	Title:
Date:	

**Section 5,
COMMITMENT/CONFIRMATION**

I, _____, understand that if I am awarded this grant, I will receive awarded funds within fourteen days upon showing proof of completion of training. I also state my intent to joining the workforce as an employed Certified Peer Counselor in Washington State within 6 months of receiving training and will provide Chad’s Legacy Project confirmation of employment upon hiring. I have answered all questions truthfully and understand the requirements for this scholarship as described at the introduction of this application. I agree, to the best of my ability, to follow all requirements listed.

Signature: _____ Date: _____