

 **Department of Counselor Education**

 **2039 Kennedy Boulevard, Rossey Hall 536**

 **Jersey City, NJ 07305-1597**

 **Phone 201-200-3400/Fax 201-200-3405**

**Health Resources and Services Administration (HRSA)
Behavioral Health Workforce Education and Training (BHWET) Stipend Program**

**Application Form**

**Cohort** (Check one): **Cohort 3 (\_\_\_)** Spring 2019 - Fall 2019 **Cohort 4 (\_\_\_)** Fall 2019 - Spring 2020

Student’s Name: Gothic ID:

Address:

Home/Cell Number:

NJCU Email: Personal Email:

Gender: Age: Ethnicity:

Citizen (check one): Yes No If you answered no, please state visa status:

Current GPA (Please attach Unofficial Transcript):

Practicum Mid-term grade:

**---------------------------------------------------------------------------------------------------------------------**

Specialization:

Anticipated Internship Dates:

Anticipated Internship Place:

**Please complete the following information, if you have a site identified:**

Supervisor’s Name:

Email: Phone Number: