

**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 5(\_\_\_)** Spring 2020 – Fall 2020 **Cohort 6 (\_\_\_)** Fall 2020 – Spring 2021

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: