

**The Lynn Keltz Scholarship Application**

*The Lynn Keltz Scholarship has been established to assist people age 30 and under to access training and educational opportunities that will contribute to their mental health advocacy skills.*

Name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When and where do you expect to participate in training and educational opportunities?

How do you intend to utilize the skills obtained from training and educational opportunities?

List your current involvement/membership/affiliations with consumer, activist or advocacy oriented groups/ associations:

Have you accessed any other resources in order to have this need met? (i.e. mental health providers, county mental health agencies, BH MCO’s, OVR). If so, please list:

Were you able to obtain any funding from those resources? If so, please list:

How will you use the scholarship funds to defray expenses involved in the training?

Please list any information that would represent your diversity, uniqueness, and lived experience:

**Please attach two letters of recommendation. You may attach additional pages to answer the questions, as needed.**

Please return applications to:

PMHCA

4105 Derry Street

Harrisburg, PA 17111

Fax: 717-564-4708

E-mail: tyler@pmhca.org

Applications are encouraged via fax and email.