**CHILD AND YOUTH MENTAL HEALTH SERVICES (CYMHS) SCHOLARSHIPS**

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| --- | --- |
| Name |  |
| LHD/Service and Location |  |
| Profession  e.g., RN, SW, OT |  |
| Job Title |  |
| Length of employment in current role |  |
| Email or informal letter of support  local Mental Health Director or CYMHS Director/Co-Ordinator | Attached with application:  Yes  No |
| * Your objective in undertaking the course (max 150 words) | |
| * How the course relates to your current employment or career goals (max 150 words) | |
| * Your commitment and motivation to complete your studies (150 words) | |

If your position and role has not changed, you may use the same personal statement and letter support that you have used or submitted previously.