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

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| Name |  |
| LHD/Service and Location |  |
| Professione.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)
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| * How the course relates to your current employment or career goals (max 150 words)
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| * Your commitment and motivation to complete your studies (150 words)
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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.