



Nonprofit Scholarship

The Nonprofit Scholarship is a partial tuition award for Level 1 and Level 2 Training participants in financial need who are employed by nonprofit, charity, or state/local government organizations that provide mental health services to diverse populations.

Purpose: The purpose of the Nonprofit Scholarship is:

1. To provide learning opportunities to licensed mental health professionals (or those on track for licensure) who may otherwise be unable to afford tuition for an SPI Training and are gainfully employed by a nonprofit, charity, or state/local government organization providing mental health services to diverse populations in need.
2. To provide opportunities for licensed professionals to apply their learned skills to better service Medically Underserved Areas, Medically Underserved Populations, or Health Professional Shortage Areas as designated by the Health Resources & Services Administration (HRSA), Bureau of Health Workforce (<https://bhw.hrsa.gov/shortage-designation/muap>).

Scholarship Amount

Qualified candidates who successfully complete the scholarship and Training application process are eligible to receive a scholarship award in the amount of **25%** for a Level I or Level II Training.

Preconditions to Eligibility

Candidates must work (on average) no less than 32-hours per week for a non-profit, 501(c)(3), charity, or state/local government agency.

How to Apply

To be considered, candidates for the scholarship must **complete this application and submit it with the following requisite documents** constituting proof of eligibility to studentservices@sensorimotor.org:

- proof that employer serves Medically Underserved Areas, Medically Underserved Populations, or Health Professional Shortage Areas (<https://bhw.hrsa.gov/shortage-designation/muap>)
- if applicable, provide copies of an official document confirming tax exempt, 501(c)(3), or charity number for employer organization
- a copy of applicant's most recent pay-stub
- a signed letter from employer confirming employment status
- proof of licensure (or proof of work being done to obtain licensure)





Applicant Information:

Name	_____
Phone	_____
Email	_____
Academic Degree(s)	_____
License Type	_____
License Number	_____
Employer	_____
Employer Website	_____
Reg. Nonprofit	_____
501(c)(3)	_____
Local Government	_____
Charity	_____
Hire Date	_____
Hours/week (avg.)	_____

Training Information:

Course Title	_____
Course Location (City or time zone)	_____
Start Date	_____

