

Behavioral Health Scholarship Program (BHSP) Technical Assistance Guide

Department of Health Care Access and Information

January 2025

Background and Mission

The Department of Health Care Access and Information (HCAI) administers and supports health workforce programs that expand the quality and diversity of health professionals. One avenue in which HCAI provides support is through financial aid, such as scholarships and grants to those seeking training and education in the healthcare workforce.

The Behavioral Health Scholarship Program (BHSP) aims to increase the number of trained behavioral health professionals providing direct care to underserved communities. BHSP provides scholarships to behavioral health students seeking education or training to become behavioral health practitioners through a certificate, associate, bachelor, master and/or doctoral degree program in exchange for a 12-month service obligation practicing and providing direct care in an underserved community. Eligible applicants may receive up to \$35,000. Up to \$25,000 is available for certificate and graduate applicants, and up to \$35,000 is available for undergraduate applicants.

Application Release Dates

Informational Webinar: January 16, 2025

Application release: January 2, 2025

Application deadline: February 13, 2025

Applications open and close at 3:00 pm

Before You Apply

- Applicants must agree to the terms and conditions before receiving funds.
- HCAI will not make changes to the terms and conditions specified in the Grant Agreement.
- Funds shall not supplant existing state or local funds.
- You will need your **Cost of Attendance**. You will be provided a Cost of Attendance document to download within the body of your BHSP application, complete the COA document and then upload the completed version when you reach the end of your BHSP application. This is for one year including but not limited to tuition, books, fees, supplies, clinical cost, room and board.
- If you work for a Community Based Organization (CBO), you will need to provide an **Employment Verification Form**. A link will be provided within the body of the BHSP application.
- If you work or volunteer for the State of California, you will need to provide a Conflict-of-Interest Letter, a template is available at the end of the BHSP Application.
- If awarded, you will be required to submit a Scholarship Program Verification (SPV) form by August 1, 2025.

Available Funding

- Total BHSP Funding Available \$16,000,000.00
- Up to \$25,000 is available for certificate and graduate applicants
- Up to \$35,000 is available for undergraduate applicants

Information to Gather

- Name and address of the college or university you are (or will be) attending to complete the Scholarship Program Verification (SPV) Form.
- A quote for the cost of attendance from your college or university for the academic year, to complete the Cost of Attendance Form.
- If you have worked for the State of California, a California college, or a California university, please write a brief 2-3 sentence statement about your service. In the statement, you must include the name of the place you worked and the exact dates of your employment. You must also include a declaration statement explaining if you have a conflict of interest (or not) with the State of California. You will need to upload this document as a “Conflict of Interest Letter”.
- If you have previously worked in a Behavioral Health setting you will need the name and address of that place when you are asked for it within the application.
- You must provide the name you use on your legal, government issued documents, to receive a timely payment.

Helpful Resources

- <https://hcai.ca.gov/workforce/financial-assistance/scholarships/bhsp/>
- [2025-26 BHSP Grant Guide- English](#)
- [2025 BHSP Application](#)

Creating an Account

CA
HCAI

Newsroom Public Meetings About HCAI Subscribe Careers SIGN IN Create Account

Search ...

Building Safety & Finance Loan Repayments, Scholarships & Grants Healthcare Workforce Data & Reports Facility Finder

Sign in Create Account Redeem invitation

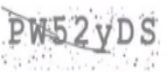
Password must be at least 8 characters long and include at least one upper and lowercase letter, a number (0-9), and a special character (such as !@#%\$&).

Register for a new local account

* Email

* Password

* Confirm password


[Generate a new image](#)
[Play the audio code](#)

Enter the code from the image

Create Account

If you are a new applicant, click “Create Account”

Please do not create a new account if you have applied for an HCAI program before

If you already have an account, please log in with your previous Email Address and Password

Creating an Account

< Cancel



Email Address is required.

Email Address

Send verification code

New Password

Confirm New Password

Display Name

Given Name

Surname

Create

< Cancel



Verification code has been sent to your inbox. Please copy it to the input box below.

[Redacted]

Verification Code

Verify code

Send new code

New Password

Confirm New Password

Display Name

Given Name

Surname

Create

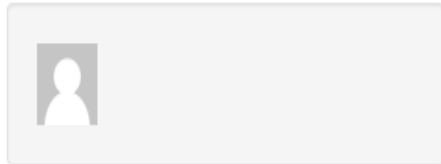
Please enter your email address for the verification code.

Enter verification code to verify code

Fill in the lines below

Setting up Your Profile

Profile



Select your user type. (Choose all that apply) *


- Healthcare Professional
- Student
- Organization for seismic construction funding
- Organization for healthcare workforce support
- Organization for small rural hospital improvement

Submit

- Depending on your circumstance, check either “**Healthcare Professional**” or “**Student**”, or both (if appropriate). After checking that box, you will immediately be presented with additional options.

Completing Your Profile

Profile



Select your user type. (Choose all that apply) *

Healthcare Professional
 Student

Prefix

First Name * Middle Initial

Last Name * Suffix

Title Degree *

Date of Birth * Driver License or ID# *

What sex were you assigned at birth, on your original birth certificate? * Do you consider yourself to be ... *

How do you describe yourself? *

1. Please provide your name as it appears on your government issued documents
2. Please provide your date of birth
3. Please provide the most current degree you have received, or N/A if not listed in the drop-down menu
4. Please provide your Driver's License or State issued ID
5. Please answer these gender questions

Completing Your Profile (continued)

Are you Hispanic, Latino/a, or of Spanish Origin?*

- No
- Yes: Mexican, Mexican American, or Chicano/a
- Yes: Puerto Rican
- Yes: Cuban
- Yes: Another Hispanic, Latino/a, or Spanish origin (Please specify)
Other Hispanic, Latino/a, or Spanish Origin
- Decline to state

Race*

- American Indian, Native American, or Alaska Native
- Asian, Asian Indian
- Asian, Chinese
- Asian, Cambodian
- Asian, Filipino
- Asian, Indonesian
- Asian, Japanese
- Asian, Korean
- Asian, Laotian
- Asian, Singaporean
- Asian, Thai
- Asian, Vietnamese
- Asian, Other Asian (Please specify)
Other Asian
- Black, African-American, or African
- Middle Eastern
- Pacific Islander, Guamanian
- Pacific Islander, Hawaiian
- Pacific Islander, Samoan
- Pacific Islander, Other (Please specify)
Other Pacific Islander
- White/Caucasian
- Other(Please specify)
Other

1. Please answer the ethnicity question

2. Please answer the race question

Completing Your Profile (continued)

Click on the **Select Address** button to populate the Address Fields.

+ Select Address

Street Address * Suite/Apt/Dept

City * State Zip Code *

County

Phone 1 * Phone 2

Provide a telephone number Provide a telephone number

Email *
Hans.Gruber@email.com

Receive email announcements for new funding opportunities

Submit

1. Please provide either your current address, or the address you will be living at the time you are attending a California school.
2. Please provide a good telephone number in case we need to reach you about an application problem

Apply Here

The screenshot shows the HCAi application portal interface. At the top, there is a navigation bar with the CA logo on the left, and links for Profile, Sign Out, and a user name ZZZWONDER ZZZFUL on the right. Below this is a dark blue navigation menu with tabs for Apply Here, Applications - In Progress/Submitted, Awards, Payments/Deliverables, and Messages. A message below the menu states: "Open grant applications matching your Profile are displayed below. To find additional applications, please change the applicable user types in your Profile. To find applications already started or submitted, go to the Applications In Progress/Submitted tab." Below the message is a table of grant applications.

Program	Release Date	Due Date	Who Can Apply
2025 Behavioral Health Scholarship Program	12/30/2024 3:00 PM	02/13/2025 5:00 PM	Student
2025 Wellness Coach Scholarship Program	12/30/2024 3:00 PM	02/13/2025 5:00 PM	Student

1. Now that you have finished your profile, you will be logged in and should see your name at the top of the page. If you do not see your name here, you will not be able to continue with your application.

2. Navigate to the “**2024 Behavioral Health Scholarship Program**” and click the “link”

Apply Here (continued)

Profile Sign Out HANS GRUBER

View details

Speech and Language Pathologist
Therapeutic Community Counselor
Privacy Policy:

The California Information Practices Act of 1977 (Civil Code §1798 et seq.) requires this program to provide the following notice to individuals who are asked to provide personal information. The Department of Health Care Access and Information (HCAI) and the Office of Health Workforce Development (OHWD) request personal information as part of this program application. The principal purposes for which the information will be used are verification of identification, the establishment of eligibility, and program administration.

Each individual has a right to access records containing their personal information that is maintained by HCAI and OHWD. The Deputy Director, HCAI, (2020 W. El Camino Avenue, Suite 1200, Sacramento, CA, 95833, 916-326-3700) is responsible for the system of records and will, upon request, inform an individual of the location of their records and the categories of any persons who use the information in those records.

WARNING

To ensure proper functionality in the eApp, please ensure you are using a Windows PC with either Chrome or Microsoft Edge, as Internet Explorer is no longer supported.

Apply

RELATED DOCUMENTS

There are no notes to display.

Scroll down to the bottom of the pop-up screen and Click on “Apply” to continue with your application.

Helpful Tips

Asterisks *


The red asterisks indicate which fields require a response before proceeding to the next page.

Training Program Title *

Tooltips

Throughout the application you may see a blue circle with a question mark at the end of a question, title, or sentence. Click on these icons for additional information.

The last name of the primary contact at the contract organization.

Contract Administrator Last Name * 

Helpful Tips (continued)

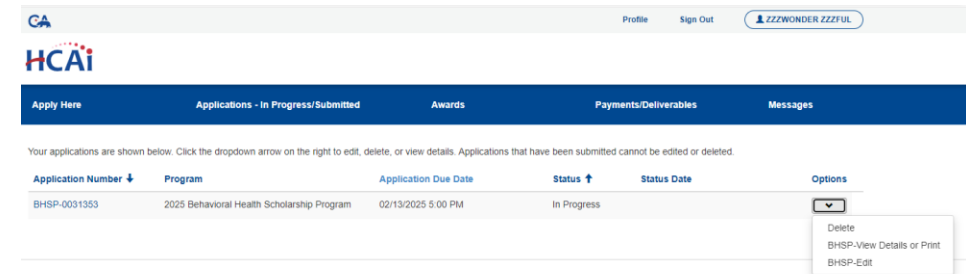
Navigating the application

Use the “Previous” and “Save & Next” buttons found at the bottom left of each page.



Saving your application

Each time you click “Save & Next” in the application your progress is saved. Navigate to the “Applications-In Progress/Submitted” page to resume your application.



Starting an Application

General Information

Application – Behavioral Health Scholarship Program

General Information

Your response to questions will only be used for scoring, reporting, and analysis purposes. HCAI will not share your individual responses with any third party and will only disclose demographic information collected in response to these questions in aggregate or as may be required by applicable law, including the California Public Records Act.

Applicant Name ⓘ

Hans Gruber

Are you currently accepted to or enrolled in one of the following education programs? ⓘ

Upon graduation are you planning to immediately attend graduate school in social work, marriage and family therapy, counseling, or psychology?*

No Yes

Are you planning a career providing direct services? ⓘ

No Yes

Is this education program based in California?*

No Yes

Are you willing to commit to providing a 12-month service obligation in an underserved area or qualifying setting within six months of graduating? ⓘ

No Yes

Do you have a recent GPA of 2.0 or higher? ⓘ

No Yes

1. Please answer the following questions, many of which are eligibility questions that will help you see if this opportunity is right for you.

General Information (continued)

Will you be starting or continuing your education in the fall quarter/semester of 2025?*

No Yes

If you select Yes, you will be required to upload a signed and completed Scholarship Program Verification (SPV) Form before you receive funding. This form will be due August 15th, if you are awarded the scholarship.

Do you have a history in foster care and/or involvement with the child welfare system?*

No Yes

Do you have a history of being homeless?*

No Yes

Are you a First-Generation college student?*

No Yes

Are you a prior or current Office of Statewide Health Planning and Development (OSHPD) or Health Care Access and Information (HCAI) Awardee?*

No Yes

What was your previous Grant Agreement Number? *

Have you received funding from your University School of Social Work because you're receiving behavioral health training from your school?*

No Yes

Do you currently work or volunteer for a State of California entity?*

No Yes

You will be required to upload a Conflict of Interest Letter.

Have you previously been awarded through the Behavioral Health Scholarship Program?*

No Yes

Will you be attending one of the following during the Fall 2025 term?*

1. If you answer “Yes” to the Scholarship Program Verification question, we will require this form to be completed and uploaded by the required deadline.
2. Please answer these questions.
3. If you have received a grant from HCAI in the past, please provide your previous Grant ID number.
4. This question asks if you have worked for the State of California *****IMPORTANT***** please remember that if you are working for a State University, or a State College, we recommend you write a brief explanation about your work and upload it as a Conflict-of-Interest letter at the end of the application. If the State Controller’s Office determines that you have been previously paid by the State, they can delay or stop your payment.

Profile Information

10%

Profile Information

Please go to your profile page to make updates to this information, as necessary.

Date of Birth*
09/01/1990

Driver License or ID#*
B8005800

Email Address*
Hans.Gruber@email.com

Do you consider yourself to be ...*
Gay or Lesbian

How do you describe yourself?*
Male

Race*

- American Indian, Native American, or Alaska Native
- Asian, Asian Indian
- Asian, Chinese
- Asian, Cambodian
- Asian, Filipino
- Asian, Indonesian
- Asian, Japanese
- Asian, Korean
- Asian, Laotian
- Asian, Singaporean
- Asian, Thai
- Asian, Vietnamese
- Asian, Other Asian (Please specify)
other Asian

What sex were you assigned at birth, on your original birth certificate?*

Male

Are you Hispanic, Latino/a, or of Spanish Origin?*

- No
- Yes: Mexican, Mexican American, or Chicano/a
- Yes: Puerto Rican
- Yes: Cuban
- Yes: Another Hispanic, Latino/a, or Spanish origin (Please specify)
Other Hispanic, Latino/a, or Spanish Origin

Decline to state

Black, African-American, or African

Middle Eastern

Pacific Islander, Guamanian

Pacific Islander, Hawaiian

Pacific Islander, Samoan

Pacific Islander, Other (Please specify)
Other Pacific Islander

White/Caucasian

Other(Please specify)
Other

Decline to state

[Previous](#) [Save & Next](#)

1. This is a double-check to see if your profile information is correct before continuing. Please ensure that all the information is accurate.
2. When you are satisfied with how the information is presented choose "Save and Next" at the bottom of the page to continue.

Contact Information

14%

Contact Information

Please provide one unique contact. This should be a person not living with you (preferably relatives) that will know how to reach you should we need to contact you.

Contact First Name *

Contact Last Name *

Click on the Select Address button to populate the Address Fields.

+ Select Address ⓘ

Street Address *

City *

State *

Zip Code *

Contact Phone *

Contact Email *

Contact Relationship to Applicant *

1. The purpose of this question is to ask for an additional point of contact. We need the name and contact information for someone who knows you, in case you move or change telephone numbers.
2. When you are done, select “Save and Next” at the bottom of the page to continue.

Educational Information

Educational Information

Please provide the name and address of the high school you graduated from or the home address if you were homeschooled or received a GED. Click on the Not applicable checkbox if you did not receive a high school diploma or GED within the United States.

Not Applicable

High School Name *

Click on the **Select Address** button to populate the High School Address Fields.

Select Address

Street Address*

City*

State*

Zip Code*

Country*

Have you ever received an income-based financial aid award at any college or university where enrolled? *

No Yes

Have you received notification that you will receive a need-based financial aid award at any college or university where you are accepted and intend to enroll in the next academic year? *

No Yes

Please select the type(s) of award. *

- Pell
- College Promise Grant
- Perkins Loan
- Work-Study
- Federal Supplemental Educational Opportunity Grant (FSEOG)
- HRSA Scholarship for Disadvantaged Students
- Other

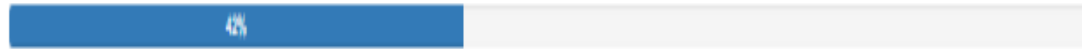
Highest level of degree obtained*

Previous

Save & Next

1. Please tell us the name and address of where you went to High School. If you received a GED, please provide your home address at the time you received it. If you graduated from a foreign country, please also put that that address in here.
2. Please tell us about any income-based financial aid you might be receiving.
3. Please tell us the highest degree you have received so far (even if it is not related to this program).

Professional Information



Professional Information

Do you speak a language other than English, fluently/well enough to provide direct services to clients? If so, click on the Add a Language button and select each language one at a time.

Add a Language

Language ↑

There are no records to display.

1. If you speak any language other than English, please tell us about it by clicking this button. If you do not speak another language, you can skip this question.

Professional Information (continued)

The screenshot shows the HCAi Professional Information form. A modal window titled "Add a Language" is open, displaying a dropdown menu with "Japanese" selected. A "Save" button is visible at the bottom of the modal. The background form includes fields for "Language", "California Certifying Organization, Board, or Committee", "Certification, License, or Registration Number", "Date Certification, License, or Registration Issued", "National Provider Identifier (NPI)", and "Have you volunteered or worked in an underserved area or with underserved groups in the United States or overseas?".

1. When you click on the “Add a Language” button, this is what you will see. Please choose the additional language from the dropdown.
2. Select “Save” when complete.

Professional Information (continued)

42%

Professional Information

Do you speak a language other than English, fluently/well enough to provide direct services to clients? If so, click on the Add a Language button and select each language one at a time.

Language ↑
Japanese

Are you currently certified, licensed, or registered with a California Certifying Organization, Board, or Committee?

No Yes

California Certifying Organization, Board, or Committee*

Certification, License, or Registration Number*

Date Certification, License, or Registration Issued*

MM/DD/YYYY

National Provider Identifier (NPI)

NPI not applicable
National Provider Identifier (NPI)*

Have you volunteered or worked in an underserved area or with underserved groups in the United States or overseas?

No Yes

1. You do not have to add an additional language if you do not know another language. If you did happen to add a language this is what it will look like.
2. Please answer the question about a California Certifying Organization, Board, or Committee. If you have one, a few additional questions will appear.
3. Please provide the NPI number (if applicable).
4. Answer the question about volunteering or working in an underserved area or with underrepresented groups.
5. When you are done, select "Save and Next" at the bottom of the page to continue.

Scholarship Program Verification

Scholarship Program Verification

Program you have enrolled in or have been accepted to that will lead to one of the following professions: *

Are you planning to apply for more than one behavioral health scholarship opportunity (Behavioral Health Scholarship Program, Golden State Social Opportunity Scholarship Program and/or Wellness Coach Scholarship Program)? *

No Yes

Do you have a preference? *

No Yes

Rank these programs in order of preference: *

Behavioral Health Scholarship Program *

Golden State Social Opportunity Scholarship Program *

Wellness Coach Scholarship Program *

School or Program Name *

Type of School or Program *

Click on the **Select Address** button to populate the School Address Fields.

[+ Select Address](#)

Street Address *

City *

State *

Zip Code *

Are you currently enrolled or accepted for enrollment? *

No Yes

Upon graduating, do you plan on serving children and youth ages 0 to 25? *

No Yes

1. Please answer the program enrollment question.
2. If you are currently applying for more than one HCAI scholarship, please let us know your preference. If you are eligible for more than one award, you can only have one award per year.
3. Please tell us more about the school or program you are attending (or will be attending).
4. Tell us if you plan on serving children and youth ages 0 to 25 after graduation.

Scholarship Program Verification (continued)

Download and print out the Scholarship Program Verification (SPV) form. The form must be completed and signed by your program director or an appropriate designee. When completed and signed, enter the information exactly as provided in the SPV, in the fields below. If the information does not match the SPV, your application will be considered ineligible.

Note: We will NOT accept letters from your school in lieu of the SPV. Forms must be scanned and uploaded at the end of this application.

Start Date *

Expected Graduation/ Completion Date *

Grade Point Average *

Number of Units Currently Enrolled *

Type of Units *

Degree/Certification Sought *

Cost of Attendance *

1. Please answer these questions about your college experience.

(If your grade point average has not been established at this college, please list your most recent grade point average.)

2. Please provide your cost of attendance for the next full enrollment year. **Note:** You will be provided a Cost of Attendance document to download within the body of your BHSP application, complete the COA document and then upload the completed version when you reach the end of your BHSP application.

3. When you are done, select "Save and Next" at the bottom of the page to continue.

Employment History

71%

Employment History

Enter health-related work experience beginning with your most recent employer. Use the **Add an Employer** button to enter each separate employer.

Employer Histories

Add an Employer

Employer Name	I currently work here	Employment Status
There are no records to display.		

[Previous](#) [Save & Next](#)

1. Please enter any health-related work experience beginning with your most recent employer. If you do not have any, you can skip this specific part.
2. When you are done with the employment history, select "Save and Next" at the bottom of the page to continue.

Employment History (continued)

Add an Employer

Employer Name*

I currently work here*

No Yes

Job Title*

Click on the Select Address button to populate the Address fields.

+ Select Address

Street Address*

City*

State*

Zip Code*

County*

Employment Status*

Previous Save & Next

1. If you have clicked the “Add an Employer” button, this is what you will see. Please complete all the employer information.
2. Select “Save” when complete.

Required Documents

Required Documents

Cost of Attendance

Filename must start with CoA_ to be accepted. Example: CoA_MyDocument

Upload the HCAI Scholarship Cost of Attendance form that reflects the costs associated with one year of attendance.

Cost of Attendance Upload 0 files uploaded, 1 file required.

Upload documents to support your application as instructed. If you need to re-upload a document please delete it and upload the replacement. Only .doc, .docx, .PDF, .PNG, and .JPEG files will be accepted.

Mac Users: If you have trouble uploading your document as a .PDF file, please click here, follow the instructions and try again.

There are no folders or files to display.

Transcript

Filename must start with Transcript_ to be accepted. Example: Transcript_MyDocument

Upload a copy of your most recent unofficial transcript. (A photographic copy is acceptable). A copy of your "unofficial" transcript is acceptable. A high school transcript is acceptable if a college transcript is not available.

Transcript Upload 0 files uploaded, 1 file required.

Conflict of Interest Letter

Filename must start with Conflict_ to be accepted. Example: Conflict_MyDocument

Upload a letter that indicates that you do not or your current or former state of California employer does not have a conflict of interest with the Department of Health Care Access and Information (HCAI). See letter templates.

Conflict of Interest Letter Upload 0 files uploaded, 1 file required.

Service Requirement Deferment Letter

Filename must start with SDefer_ to be accepted. Example: SDefer_MyDocument

Upload a letter that states you plan on continuing your education and you need a deferment for service obligation. See Letter template

Service Requirement Deferment Upload 0 files uploaded, 1 file required.

Please make sure to upload all the required documents in order to submit.

Previous

Save & Next

1. Please upload all the documents that are required based on the answers you have provided in your application. Any time you see **red**, that means that a document is still missing.
2. Please use the proper prefix when you name the document you are trying to upload. We provide guidance in the explanation for each category.

Required Documents

Required Documents

Upload documents to support your application as instructed. If you need to re-upload a document, please delete it and upload the replacement. Only .doc, .docx, PDF, PNG, and JPEG files will be accepted.

Cost of Attendance

Filename must start with CoA_ to be accepted. Example: CoA_MyDocument

Upload the HCAI Scholarship Cost of Attendance form that reflects the costs associated with one year of attendance.

Cost of Attendance Upload ✓ 1 file uploaded, 1 file required.

Transcript

Filename must start with Transcript_ to be accepted. Example: Transcript_MyDocument

Upload a copy of your most recent unofficial transcript. (A photographic copy is acceptable). A copy of your "unofficial" transcript is acceptable. A high school transcript is acceptable if a college transcript is not available.

Transcript Upload ✓ 1 file uploaded, 1 file required.

Conflict of Interest Letter

Filename must start with Conflict_ to be accepted. Example: Conflict_MyDocument

Upload a letter that indicates that you do not or your current or former state of California employer does not have a conflict of interest with the Department of Health Care Access and Information (HCAI). See letter templates.

Conflict of Interest Letter Upload ✓ 1 file uploaded, 1 file required.

Service Requirement Deferment Letter

Filename must start with SDefer_ to be accepted. Example: SDefer_MyDocument

Upload a letter that states you plan on continuing your education and you need a deferment for service obligation. See Letter template

Service Requirement Deferment Upload ✓ 1 file uploaded, 1 file required.

Please make sure to upload all the required documents in order to submit.

Previous Save & Next

Name ↑	Modified	
CoA_Test Upload Form.pdf (38 KB)	01/15/2025 1:31 PM	▼
Conflict_Test Upload Form.pdf (38 KB)	01/15/2025 1:33 PM	▼
SDefer_Test Upload.pdf (38 KB)	01/15/2025 1:33 PM	▼
Transcript_Test Upload.pdf (15 KB)	01/15/2025 1:37 PM	▼

1. After you have successfully uploaded your documents, you will see that the categories have changed from Red to Green.
2. If you want to remove a document and upload something else, you can click the dropdown arrow and you will be offered the option to delete that specific document.
3. When you are done with the required documents, select "Save and Next" at the bottom of the page to continue.

Application Certification



Application Certification

Certification

I certify that all information in this application is true and accurate to the best of my knowledge. I authorize the Department of Health Care Access and Information (HCAI) to verify any information submitted as part of this application. I understand that the falsification of information contained in my application will disqualify my application. I understand that if falsification is discovered after I have been awarded or if I breach my grant agreement, I will be required to repay all funds awarded, plus interest and administrative fees. I understand that once submitted, my application and supporting documents become the property of HCAI.

I understand that, if awarded the Scholarship, I am agreeing to the below terms:

- Return all correspondence in a timely manner
- Sign a grant agreement. I would be entering into a signed grant agreement with the Department of Health Care Access and Information (HCAI)
- When requested, submit a Graduation Date Verification Form (GDV) form for each college attended (or high school, if highest education achieved)
- Maintain a GPA of at least 2.0 until graduation
- Be enrolled in a minimum of six (6) semester units, or its equivalent until program completion
- Upon graduation, send a signed and completed (GDV) form certifying program requirements were met
- When requested, submit Progress Reports, signed by my supervisor(s) to verify that I am working and meeting the program requirements
- Find employment at a qualified facility upon graduation. The designation must be specific to the program application
- For a period of twelve (12) months (upon graduation and once employed at a qualified facility) provide direct services (minimum of 32 hours per week)
- Notify HCAI of any changes to my address, email, phone number, employment, and any leave of absence from work, within 30 days
- Not accept any other award with other entities, including other HCAI programs, which require me to fulfill a contract that overlaps with this period.
- Subject to repay funds received, with interest, and any liquidated damages for damages suffered by HCAI and the State of California as a result of the breach, an amount equal to the number of months obligated service not completed, if I do not comply with the terms of the grant agreement.

I Agree *

You are about to submit your application. Please review your application prior to submitting. We cannot accept any corrected documents or revisions after submission.

Previous Submit

1. Last page. When you are fully satisfied that your application has been filled out correctly, check the certify box.
2. Please note: When you click the “Submit” button you are done. You will not be allowed to make any further edits.

Application Certification



Application BHSP-0031353 – Behavioral Health Scholarship Program

Thank you for submitting your application. We will review your application and update your application's status as it moves through the process. Please continue to check the eApp for status updates. Be sure to add BHPPrograms@HCAI.ca.gov and no-reply@hcai.ca.gov to your address book or safe sender list so all future emails get to your inbox. Return to your [dashboard](#).

1. This is what the submission page looks like. When you see this, you are done and can exit the application if you so choose.
2. Please note your Application Number, you will refer to it in future correspondence.

Application Certification



Your applications are shown below. Click the dropdown arrow on the right to edit, delete, or view details. Applications that have been submitted cannot be edited or deleted.

Application Number ↓	Program	Application Due Date	Status ↑	Status Date	Options
BHSP-0031353	2025 Behavioral Health Scholarship Program	02/13/2025 5:00 PM	Submitted	01/15/2025 1:41 PM	<input type="button" value="v"/> BHSP-View Details or Print

1. At any point after submitting (and if you are logged in), you can click on the **Applications - In Progress/Submitted** link and it will show you your submitted application.
2. You can view or print your submitted application at any time by clicking on this dropdown.

Scholarship Program Verification (SPV) Form

California Health and Human Services Agency

Gavin Newsom, Governor



If awarded for the WCSP, this form will be made available to you in June 2025 and must be received no later than August 1, 2025.

SCHOLARSHIP PROGRAM VERIFICATION (SPV) FORM

INSTRUCTIONS:

- This form is to be completed by students enrolled or scheduled to be enrolled in a program that are pursuing a course of study leading to a professional degree.
- This form must be signed by the Registrar's Office, Program Director, or Appropriate Designee **ONLY**.
- Applicant must upload the signed and completed form as part of their Department of Health Care Access and Information (HCAI) Scholarship Program application.
- With the exception of the GPA, any missing or incomplete information will deem the application ineligible.

PLEASE ENTER ALL INFORMATION CLEARLY

First Name:		Last Name:	
Name of School/Institution:			
School/Institution Address:		Street:	State:
		City:	County:
		Zip/Postal Code:	
Major/Concentration:			
Degree Sought:		Program Start Date:	
By checking this box, Applicant certifies that they are enrolled or scheduled to be enrolled in a minimum of six (6) semester units/credits. *A minimum of 6 semester units or its equivalent is required*			<input type="checkbox"/>
Type of Units: <input checked="" type="radio"/> Semester <input type="radio"/> Quarter <input type="radio"/> Other:			
Enter your most recent GPA. If program has not started, you may enter your High School GPA if that is the highest education received to date.			
Student's Cumulative GPA:		<input type="checkbox"/> GPA Unavailable	
Student's <u>Expected</u> Graduation/Completion Date:			

TO BE SIGNED BY THE REGISTRAR'S OFFICE, PROGRAM DIRECTOR, OR APPROPRIATE DESIGNEE ONLY

I DECLARE THAT THESE STATEMENTS ARE TRUE AND CORRECT.

Signature	Date
Printed First and Last Name	Email

Revised: 5/6/2024

1. Please provide your First and Last Name
2. Please provide School Institution Information
3. Please provide Major/Concentration of your enrolled program
4. Please provide the degree that you are currently working towards (Associate's or Bachelor's)
5. Please provide your program start date
6. Select the box that certifies that you are enrolled or schedule to be enrolled in a minimum of six semester units.
7. Select the type of units your institution uses
8. Please provide your current GPA. If you check the checkbox that says "GPA Unavailable", then you will need to provide your most recent transcript.
9. Please provide your Expected Graduation/Completion Date
10. This form must be signed/dated by someone from your enrolled institution. Either the Registrar's Office, Program Director, or Appropriate Designee Only.

Questions?

BHPrograms@hcai.ca.gov

Diana.Garcia@hcai.ca.gov