

Wellness Coach Scholarship Program (WCSP) Technical Assistance Guide

Department of Health Care Access and Information

April 2024

Background and Mission

The Department of Health Care Access and Information (HCAI) administers health workforce programs. These workforce programs build a health workforce that serves a diverse California.

The Wellness Coach Scholarship Program's goal is to educate and train students to serve as Certified Wellness Coaches (CWC) in California. WCSP provides scholarships to students in associate or bachelor's degree programs that qualify them for Wellness Coach Certification through the education pathway in exchange for a 12-month service obligation providing CWC services in California. Eligible applicants may receive up to \$35,000. The purpose of this program is to increase the number of CWCs providing direct services in California.

Application Release Dates

Informational Webinar: April 18, 2024

Application release: April 9, 2024

Application deadline: May 24, 2024

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 WCSP Application.

Available Funding

- Up to \$50 million is available to support students enrolled in eligible degree programs. In the event there is additional state funding available, HCAI has the discretion to make additional awards.

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”.
- 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/initiatives/certified-wellness-coach/#wellness-coach-scholarship-program-wcsp>
- [WCSP-Grant-Guide-FY-2024-25](#)
- [2024 WCSP Application](#)

Creating an Account

CA
GOV

Newsroom Public Meetings About HCAI Subscribe Careers SIGN IN Create Account

HCAI 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

PW52yDS

[Generate a new image](#)

[Play the audio code](#)

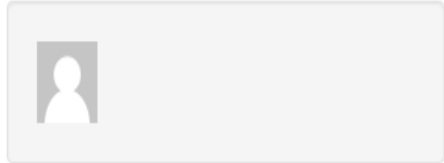
Enter the code from the image

Create Account

If you are a new applicant, click "Create Account"

Setting up Your Profile

Profile



My Security Settings

Change Password

Change Email

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 * Provide a telephone number

Phone 2 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



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.

Program	Release Date	Due Date	Who Can Apply
2024 Behavioral Health Scholarship Program	02/01/2024 2:00 PM	06/30/2024 5:00 PM	Student
2024 Golden State Social Opportunities Scholarship Program	02/28/2024 2:00 PM	07/30/2024 5:00 PM	Student
Wellness Coach Scholarship Program 2024	03/01/2024 8:00 AM	05/31/2024 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 Wellness Coach Scholarship Program**” and click the “link”

Apply Here (continued)

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

The screenshot shows a web application interface with a dark sidebar on the left and a main content area. The sidebar contains the HCAi logo and a list of services including 'Apply Here', 'Open grant applications', 'Program', '2024 Behavioral Health', '2024 Golden State Social', 'Wellness Coach Scholarsh', 'Services', 'Submit Data', 'Loan Repayment Programs', 'Scholarships', 'Grants', and 'Penalty Appeals'. The main content area displays a 'View details' pop-up window for a user named HANS GRUBER. The pop-up window contains the following text:

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.

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)

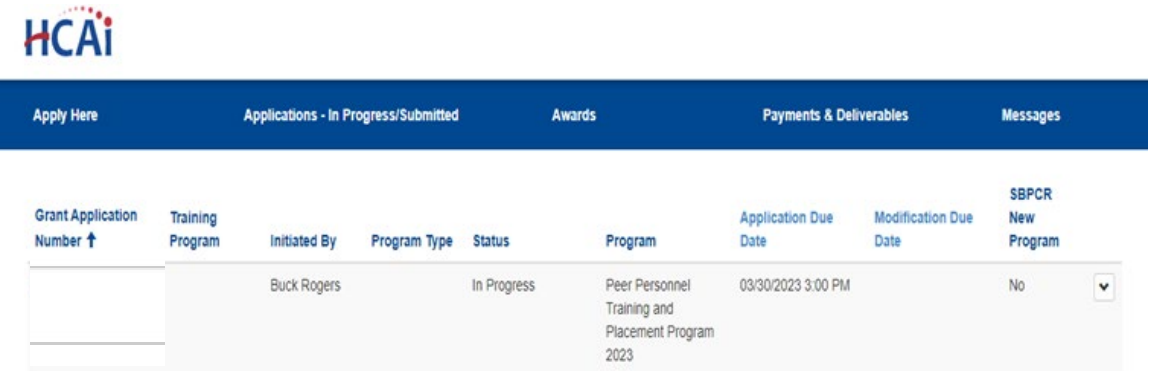
Navigating the application

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.



The screenshot shows the HCAi application interface. At the top is the HCAi logo. Below it is a navigation bar with five tabs: "Apply Here", "Applications - In Progress/Submitted", "Awards", "Payments & Deliverables", and "Messages". The "Applications - In Progress/Submitted" tab is selected. Below the navigation bar is a table with the following columns: "Grant Application Number ↑", "Training Program", "Initiated By", "Program Type", "Status", "Program", "Application Due Date", "Modification Due Date", and "SBPCR New Program". The table contains one row of data:


Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	SBPCR New Program
		Buck Rogers		In Progress	Peer Personnel Training and Placement Program 2023	03/30/2023 3:00 PM		No <input type="checkbox"/>

Starting an Application


General Information

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 * 


Zzzwonder Zzzbread

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

Bachelor Degree Social Work (BSW or BASW)

Is this education program based in California? * 

No Yes

Are you willing to commit to providing a 12-month service obligation as a Certified Wellness Coach 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

Note that since you selected "Yes" to this question, you will be required to upload a signed and completed Scholarship Program Verification (SPV) Form certifying you have a GPA of 2.0 or greater.

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 start or continue your education or training program on or before September 30 of this year?*

No Yes

If you select Yes, you will be required to upload a Scholarship Program Verification (SPV) Form before submitting this application.

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 2024 term?*

[Save & Next](#)

1. If you answer “Yes” to the Scholarship Program Verification question, we will require this form to be completed and uploaded at the end of your application. The blue lettering is a link to the form itself.
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

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 *

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

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

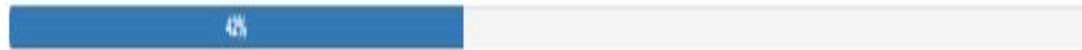
Highest level of degree obtained*

[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 and a "Save" button. 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 WCSP application, complete the COA document and then upload the completed version when you reach the end of your WCSP 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

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

[Add an Employer](#)

[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

There are no records to display.

Progress/Submitted

Add an Employer

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

85%

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 a cost of attendance that reflects the costs associated for only one year. The document must be obtained by your school. Screenshots will not be accepted.

There are no folders or files to display.

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

Scholarship Program Verification (SPV) Form

Filename must start with SPV_ to be accepted, Example: SPV_MyDocument

Upload a completed and signed SPV form (signed by your program director or an appropriate designee). The form is located on the Scholarship Program Verification page, or use the following link to Download SPV Template.

SPV Form 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

85%

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 a cost of attendance that reflects the costs associated for only one year. The document must be obtained by your school. Screenshots will not be accepted.

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

Scholarship Program Verification (SPV) Form

Filename must start with SPV, to be accepted, Example: SPV_MyDocument
Upload a completed and signed SPV form (signed by your program director or an appropriate designee). The form is located on the Scholarship Program Verification page, or use the following link to Download SPV Template.

SPV Form 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_My Document.docx (18 KB)	03/19/2024 5:10 PM	▼
Conflict_MyDocument.docx (18 KB)	03/19/2024 5:10 PM	▼
SDefer_MyDocument.docx (18 KB)	03/19/2024 5:11 PM	▼
SPV_MyDocument.docx (18 KB)	03/19/2024 5:10 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 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 graduating. 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

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 WCSP-0021964 – Wellness Coach 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 BHPrograms@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](#).

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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
WCSP-0021964	Wellness Coach Scholarship Program 2024	05/24/2024 3:00 PM	Submitted	03/26/2024 2:36 PM	▼ WCSP-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.

Questions?

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