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

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

Setting up Your Profile

Profile
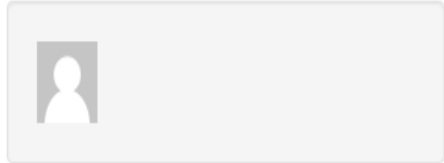
My Security Settings

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.

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Completing Your Profile

Profile

My Security Settings

Change Password

Change Email

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

☑ Healthcare Professional
☑ Student

Prefix

First Name *

Middle Initial

Last Name *

Suffix

Title

Degree *

Date of Birth *

MM/DD/YYYY

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

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Access and Information

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 specifiy)
  Other Pacific Islander
  [   ]

- [ ] White/Caucasian
- [ ] Other(Please specify)
  Other
  [   ]

1. Please answer the ethnicity question

2. Please answer the race question

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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

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Apply Here

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.

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 * ?

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Helpful Tips (continued)
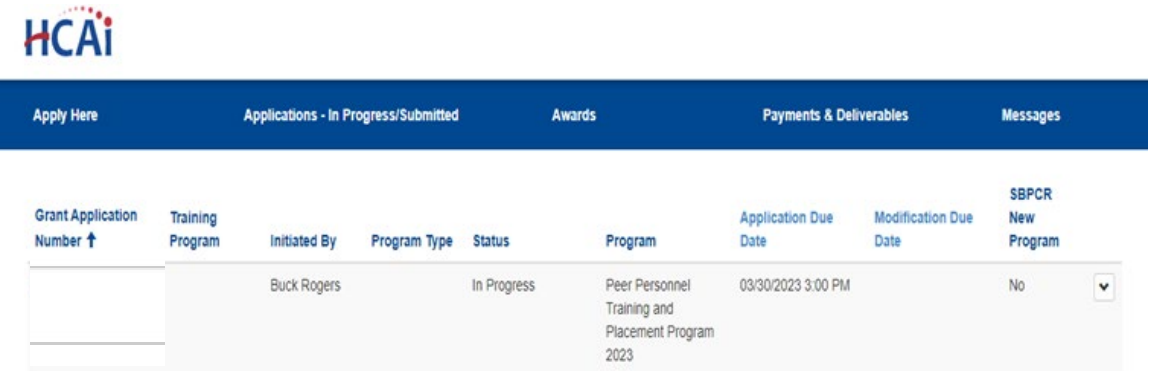
Navigating the application

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

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)

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

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

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

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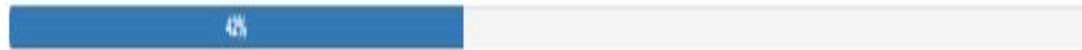
1. If you speak any language other than English, please tell us about it by clicking this button. If you do not speak another language, you can skip this question.

Professional Information (continued)

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)

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.

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Access and Information

Scholarship Program Verification

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 *

MM/DD/YYYY

Expected Graduation/ Completion Date *

MM/DD/YYYY

Grade Point Average *

Number of Units Currently Enrolled *

Type of Units *

Degree/Certification Sought *

Cost of Attendance *

Previous   Save & Next

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.

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Access and Information

Employment History

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)

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

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

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

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.

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| Apply Here | WCES Applications - In Progress/Submitted | PEER Applications - In Progress/Submitted | Applications - In Progress/Submitted |

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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Application Certification

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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