

Family Partner Peer Support Scholarship Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
County	
Best Phone to contact	
E-Mail Address	

Current Relevant Employment

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Volunteer Hourly Salary <i>(Please circle)</i>	Annual income:

About You

Please *initial* all that apply

- Over age 26
- Able to work in the US
- I have a disability
- I am African-American
- I am Latino
- I am Asian
- I am Caucasian
- My race is not listed
- I have lived experience as a parent or primary caretaker of a child who has needed services.
- I have been accepted to take the NATIONAL CERTIFICATION AS A PARENT SUPPORT PROVIDER (CPSP)

Personal Statement

Summarize why you wish to be a North Carolina Family Partner and why this certification is important to you. You may write on the back of this paper or use a separate sheet of paper to answer. Please limit to one page.

All Family Partners are supported and considered a member of NC Families United

Summarize how you wish to support families in your community as a member of NC Families United.

Scholarship Agreement

- Funds would be used to pay for 100% of the fee for certification exam after \$50.00 registration is paid and application is accepted.
- It is the expectation of NCFU and the NC State Collaborative for Children, Youth and Families that applicants that pass the Family Partner Exam work as a Family Partner in NC for a period of 3 years. This work can be in the form of paid employment or volunteer. You must have a supervisor overseeing and critiquing performance.
- Scholarship awardees will be invited annually to report to the state collaborative on their experiences as a Family Partner annually. This report may be in the form of a written report verified by a supervisor, or an in person presentation and update.
- It is agreed to set aside up to \$22,500 to subsidize certification fees.
- **Scholarships will be awarded on a first come first serve basis until all funds are used.**

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am awarded a scholarship, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate termination of award. I will then need to reimburse all funds to the funder.

ATTACH THIS FORM TO THE CERTIFICATION APPLICATION FORM

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.



