



**Mental Health Scholarship Program
One Year Residency (MHSP/OYR)
at the Silberman School of Social Work at Hunter College**

2025 Applicant Letter of Intent

The goal of the Mental Health Scholarship Program One Year Residency (MHSP/OYR) is to contribute to New York City's community mental health services system by increasing the pool of skilled professionals employed in community-based agencies in contract with DOHMH. This is accomplished through covering the full tuition cost of a graduate social work education at Hunter College - Silberman School of Social Work for selected employees that meet the requirements. The MHSP/OYR scholarship is available to 20 applicants that meet both DOHMH and the Hunter College One Year Residency (OYR) requirements in each calendar year.

Acceptance into this Program is contingent upon agency commitment to provide an educationally sound field placement, a certified field instructor and flexibility in work hours for the employee to attend classes. During the field year, the employee is expected to work their regular workweek (35-40 hours). However, 14 hours of this regular workweek will be completed via the field placement provided by the agency. Given the requirements of the MHSP/OYR, it is crucial you discuss this with your agency leadership prior to applying.

PLEASE REVIEW THE LINK BELOW WHICH WILL PROVIDE YOU WITH IMPORTANT INFORMATION REGARDING THIS PROGRAM:

[Hunter College – Silberman School of Social Work DOHMH Mental Health Scholarship Website](#)

*This document is the **Letter of Intent** – detailed information regarding the program, deadlines and agency commitment is in the Admissions material. Please review those materials carefully.*

This document is not the formal application for the MHSP/OYR Program. This is a required Letter of Intent indicating you wish to apply for the scholarship program and confirm your eligibility. If you are deemed eligible, DOHMH will contact you about the next steps. If you are eligible to continue, you will submit your APPLICATION to the Silberman School of Social Work OYR Program -DOHMH Mental Health Scholarship. Your application will then be reviewed, and a selected subset of applications will move to the 3rd step in the process- a GROUP INTERVIEW.

Please complete the Eligibility Section to determine if you meet the first step of eligibility for the Mental Health Scholarship Program.

NAME:

DATE:

A. Applicant Information
ELIGIBILITY

- Applicants must be a full-time employee in an agency providing **mental health services** in contract with the Bureau of Mental Health (BMH) or the Bureau of Children, Youth, and Families (CYF).
- Applicants must meet Hunter College Silberman School of Social Work's admission standards and requirements for the OYR program.
- Applicants must have two years of full-time, post-baccalaureate social work experience in a social service institution.
- Applicant's current job must include the provision of direct social service activities to individuals experiencing mental health concerns.
- Applicants must be legal residents of New York State.
- Applicants must commit to remain working at their current job for the duration of the MHSP/OYR for two (2) years during the program and for **two (2) years post-graduation**.

APPLICATION PROCESS: By submitting this Letter of Intent, candidates are indicating their intention to apply to the DOHMH MHSP and confirm their eligibility. The application to the Silberman School of Social Work is a separate step in the process. You cannot apply to Silberman without being approved to move forward by DOHMH. If DOHMH approves you to be eligible to apply for the MHSP, then your information will be sent to Hunter College Silberman School of Social Work's admissions office.

You will not need to submit a separate application for the MHSP.

INTERVIEWS: The Silberman School of Social Work will schedule group interviews of selected candidates at later stages in the review process and DOHMH will participate in these interviews. Those applicants will be contacted for an interview by the Hunter College Silberman School of Social Work (HCSSSW).

Applicants who are not awarded the scholarship, may still have the opportunity to apply to the regular OYR Program.

APPLICATION REVIEW AND NOTIFICATION: All eligible candidates will be selected from the standard application process for HCSSSW/OYR program. DOHMH will not provide further information about an applicant's status until the review process is completed. Once a candidate is selected for the MHSP/OYR, they will be notified via an award letter that will contain instructions for acceptance.

1. Are you currently working full-time in an agency with at least one contract with BMH or CYF that provides mental health services to adults or children?

Yes

No

If you selected "No," then STOP. You are not eligible to apply. Otherwise, complete Question 2.

2. Do you have a minimum of 2 years full-time, post-bachelor's degree, paid employment in social work or social services?

Yes

No

If you selected "No," then STOP. You are not eligible to apply. Otherwise, complete Question 3.

3. Which of the following is the primary target population that you work with in your program?
(Select only **ONE**)

Adults with Serious Mental Illness (SMI)

Children, youth, or young adults with serious emotional, behavioral, or mental health challenges, and/or their families

4. Are you a legal resident of New York State?

Yes

No

If you selected "No," then STOP. You are not eligible to apply. Otherwise, complete Question 5.

5. The requirement of the Mental Health Scholarship Program is a commitment to **REMAIN WORKING IN YOUR CURRENT AGENCY for four (4) years (2 years during the OYR Program and 2 years post-graduation)**. If you are admitted into the MHSP, are you prepared to meet this requirement?

Yes

No

If you selected "No," then STOP. You are not eligible to apply. Otherwise, complete the rest of this form.

B. AGENCY AND PROGRAM INFORMATION

Please fill out this section for your current place of employment. Make sure all information is complete and legible. If not, your application will not be considered.

Agency Name:

Program Name (*where you work*):

Program Type:

Program Address:

Your Work Title:

Job Description/Responsibilities:

Weekly # Hours working in program:

Work Phone:

Work Email:

Your Supervisor's Name/Title:

Supervisor's Phone:

Supervisor's Email:

C. DISCLAIMER AND SIGNATURE

This letter is to signify my intention to apply for the 2025 Mental Health Scholarship Program. I certify that my answers are true and complete to the best of my knowledge. Thank you for your consideration.

Name:

Home Address:

Home Phone:

Cell Phone:

Personal Email:

This form must be received no later than January 10, 2025 at 5:00 pm. If it is received after this time, the letter of intent will not be considered. Scan/Email this form to:

mhsp@health.nyc.gov