



2017-2018 CHNA 15 Scholarship and Training Grants

Between July 1, 2017 and June 30, 2018 CHNA 15, is offering financial assistance for Professional Development. CHNA 15 scholarship grants are available for individuals in the twelve CHNA 15 communities to attend trainings/ conferences or to take online courses, and for agencies to offer training to their staffs or to their community. Agencies are encouraged to invite those from other CHNA 15 towns and organizations to attend their events, as space allows.

Persons/agencies requesting grants must submit the Scholarship and Training Grant Application. If funded in whole or in part through CHNA 15, grant recipients are required to provide a brief report to be included in the Showcase Booklet including copies of relevant training materials and handouts.

Training topics should relate to a Healthy Communities approach which emphasizes enhancement of community health and well-being, defines physical and social health broadly and emphasizes community collaboration. Within Healthy Communities efforts, health is not solely access to healthcare and the absence of disease, but strengthening positive social, mental, physical, economic and environmental conditions. The focus is deliberately broad to encompass the ideals of CHNA 15 as well as the mission of members and agencies. In FY 2018 funding is available for trainings that focus on topics related to Youth Behavioral Health, Elder Health, other topics identified through the CHNA 15 2011 Needs Assessment.

Grants are available, first come, first served, and are limited in size to a maximum of \$300 for an individual scholarship and \$1,000 for an agency staff training or community training grant. Agencies may apply for one individual scholarship and one agency or community training grant within a twelve month period, as funds allow. Please email a copy of your application, and indicate if you are willing to accept partial funding if we are unable to reimburse the total amount. Applications will be reviewed as submitted.

To be reimbursed those receiving grants must submit certification of attendance or completion of a community training presentation and paid registration/fee documentation following the training. Trainings must be completed within twelve months of application. Should you have questions or to request a Scholarship/Training Grant Application, you may contact Randi Epstein, CHNA 15 Coordinator, at chna15coordinator@gmail.com. Grant Applications are also available at www.CHNA15.org.

Please include the following in any publicity about the funded training:

“This training was funded through a grant by CHNA 15, and was made possible by Determination of Need funds received from Lahey Hospital & Medical Center and Winchester Hospital.”



CHNA 15 2017-2018 Scholarship and Training Application

Please do not submit a hand written application.

Applicant Name: _____ **Date:** _____

Applicant Information:

Organization Name	Phone/Email
Address	City/ ZIP

If you are a service provider, which population/health priority areas do you serve? Check all that apply.

<input type="checkbox"/> Housing/Homeless	<input type="checkbox"/> General Population
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Older Adults
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Youth/Children
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Immigrants
<input type="checkbox"/> Health Care	<input type="checkbox"/> Early Intervention
<input type="checkbox"/> Depression & Anxiety	<input type="checkbox"/> Access to Healthy Food
<input type="checkbox"/> Isolated Residents	<input type="checkbox"/> Obesity & Overweight
<input type="checkbox"/> Domestic Violence	
<input type="checkbox"/> Other (specify)	

Type of Training: Individual Agency Community

Focus Area of Training: Youth Behavioral Health Elder Health Other CHNA 15 Priority

Title of Training: _____

Provider of Training (trainer name, conference, etc.) _____

Brief Training Description: _____

Expected staff/community outcomes: _____

What is the number of people who will benefit: _____

How will this impact your target population? _____

Relationship to Healthy Communities Approach: _____

Relationship to Youth Behavioral Health, Elder Health or other CHNA 15 2011 Needs Assessment priority area: _____

Has your agency received additional CHNA 15 funding toward this project? Yes No

Date(s) of Training: _____

If Agency Scholarship, # of Staff to be trained: _____

If Community Scholarship, # of attendees anticipated: _____

Length of Program (total hours): _____ Cost: _____

How will you inform your staff/Community the scholarship is made available by CHNA 15?

Reimbursement will be made to:

Individual **OR** Agency

Social Security Number **OR** Tax ID Number: _____

Partial payment of the scholarship request will be accepted. Yes No

Please attach a conference/training flyer or brochure with a copy of paid registration materials, including copy of check paid to trainer or registrar and registrar's address.

Please email copy of application to:

Randi Epstein, CHNA 15 Coordinator, at CHNA15Coordinator@gmail.com