



## Application for CELT Leadership Academy

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Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W/C) Email: \_\_\_\_\_

Acceptance is not guaranteed and is based on availability. Scholarships are highly competitive. Please note that the application deadlines are receipt, not post-marked deadlines. Thank you.

1. **Community Mental Health Issues:** List two mental health concerns or issues effecting your community that you would like to address.
  
2. **Leadership Skills:** Describe two ways that you think that CELT may improve your skills to advocate for mental health.
  
3. **Mental Health Planning or Advocacy:** Have you had experiences getting involved in mental health planning or advocacy in your area? If so, please briefly describe one of those experiences.
  
4. **Personal Statement:** Use this section to explain why you are interested in leadership and mental health advocacy.

## Academy Preference

Please select as your first choice the academy that is most convenient to your home.

<u>Region</u>	<u>Dates</u>	<u>Application Deadline</u>
Central VA	May 19-22, 2009	April 28, 2009
Tidewater	December 7-11, 2009	November 22, 2009
Southwest	March 15-19, 2010	February 23, 2010
Central VA	May 17-21, 2010	April 27, 2010

Please list any special needs or food allergies.

## Applicant Signature

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

## Personal Reference (*Optional*)

This section may be used for a recommendation from either a reference who is a previous CELT graduate or another person of your choice.

Reference Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Mail or fax this application to:**

**CELT Leadership Academy**  
**3212 Cutshaw Avenue • Suite 315 • Richmond, VA 23230**  
**FAX : 804-257-5593**