



Watts Scholarship

Application for SMART Certification for Healthcare Practitioners

Maximum application length is 2 pages, with 1" margins and text no smaller than 11 points

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Phone: _____

Partners Employee: Non-Partners Employee:

Place of Employment: _____

Job Title: _____

Current Healthcare License(s): ___ MD/DO ___ RN/NP/APN ___ PhD/EdD/PsyD

___ Master's-level social worker ___ Master's-level mental health counselor

___ Other (describe) _____

Please answer the following questions:

1. Why are you requesting this scholarship?
2. Describe the underserved population to which you intend to deliver the SMART program. Include specific characteristics (demographics, disease states, disabilities, poverty, etc.) the population possesses and how this community would benefit from the SMART program.

3. Describe how you plan to implement the SMART program at your Partners site with your target population once you've been certified. What challenges to implementation do you foresee? How will you overcome these?