



Collaborative Learning and Innovative Educational Models of Behavioral Health at the  
University of Denver (CLIMB@DU)

## CLIMB@DU Student Stipend Application 2023-2024 Cohort

E-MAIL completed application to [gssw.climb@du.edu](mailto:gssw.climb@du.edu)

Priority Deadline is June 1, 2023

Name			
DU ID			
DU e-mail		Best phone #	
<input type="checkbox"/>	Two-year student	<input type="checkbox"/>	Advanced standing
<b>CAMPUS</b>			
<input type="checkbox"/>	Denver campus	<input type="checkbox"/>	Four Corners campus
<input type="checkbox"/>	MSW@Denver	<input type="checkbox"/>	Western Colorado
Internship Site*			
Address			
Agency Onsite Supervisor Name(s)			
Supervisor Phone #(s)			
Supervisor E-mail(s)			
Field Liaison			

\*If known at time of application

### ELIGIBILITY CRITERIA:

Does your field internship focus on Integrated Behavioral Health as defined by AHRQ <sup>1</sup> ?	YES	NO
Does the scope of the clinical work in your internship include		
<ul style="list-style-type: none"> <li>serving a medically underserved or rural community<sup>2</sup> and/or a high need community (such as older adults, refugees, immigrants)</li> </ul>	YES	NO
<ul style="list-style-type: none"> <li>a focus on culturally and linguistically competent practices<sup>1</sup></li> </ul>	YES	NO
<ul style="list-style-type: none"> <li>focus on evidence based interventions for mental health and substance use disorders</li> </ul>	YES	NO
Do you agree to participate in mandatory in-services and curricular requirements of the CLIMB@DU program <sup>1</sup> ?	YES	NO
Are you committed to pursuing a career in Integrated Behavioral Health in Colorado upon graduation with your MSW <sup>3</sup> ?	YES	NO
Do you agree to notify your Internship site that you are applying for the CLIMB@DU stipend and provide the CLIMB@DU Field Placement Information Sheet to your Internship site prior to the application deadline stated above?	YES	NO

<sup>1</sup> See CLIMB@DU Information Sheet

<sup>2</sup> See <https://bhw.hrsa.gov/shortage-designation/muap>

<sup>3</sup> See Student Commitment Letter



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If you are awarded the stipend, do you agree to provide a Letter of Support from your Internship Supervisor on agency letterhead that confirms focus and scope of agency work AND states support of your participation in CLIMB@DU related activities'?	YES	NO
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**APPLICATION REQUIREMENTS** (all items should be emailed along with application):

- 1. Personal Reflection**-Based on your understanding of Integrated Behavioral Health- either from your work experience or your course experience thus far-write a brief reflection on the following:
  - *What is it about Integrated Behavioral Health (IBH) that most excites you?*
  - *What skills and strengths do you have that make this a good fit for you professionally?*
  - *What areas of professional growth or development related to IBH would like to focus on through CLIMB@DU?*
  - *If your internship site is known, how do you anticipate that the site will meet the scope of clinical work listed below:*
    - *serving a medically underserved or rural community and/or a high need community (such as older adults, refugees, immigrants)*
    - *a focus on culturally and linguistically competent practices*
    - *focus on evidence based interventions for mental health and substance use disorders*
  - *Where do you see yourself professionally in five years?*

Essays should be prepared on separate paper, double-spaced, 12-font, 1" margins, and a maximum of 5 typed pages.

- 2. Current resume**
- 3. Field confirmation form**- If your internship site is known/confirmed at the time of application, include a pdf of the email confirmation you received. You do NOT need to have your field placement confirmed to apply. Your field confirmation can be sent later.

**DEMOGRAPHIC QUESTIONS**

- 1. What is your gender?**

- |  |   |
|--|---|
| <input type="checkbox"/> Female                  | <input type="checkbox"/> Male                 |
| <input type="checkbox"/> Transgender (MTF)       | <input type="checkbox"/> Transgender (FTM)    |
| <input type="checkbox"/> Non-Binary              | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Other (please specify): |   |



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**2. What is your race/ethnicity? (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Latinx  | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Black or African American   | <input type="checkbox"/> Native Hawaiian or other pacific Islander |
| <input type="checkbox"/> White   | <input type="checkbox"/> Unknown                                   |
| <input type="checkbox"/> American Indian/Alaska Native, please specify tribal affiliation: |  |
| <input type="checkbox"/> Other (please specify):   |  |

**3. Are you multilingual?**

- |  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Yes                       | <input type="checkbox"/> No |
| If Yes, what languages do you speak fluently?      |                             |
| If Yes, what languages do you read/write fluently? |                             |

**4. Do you consider yourself a member of a historically or currently disadvantaged group?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please explain:      |                             |

**5. Which of the following best describes the geographical area where you spent most of your time growing up? (0-18 years)**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Rural                     | <input type="checkbox"/> Urban     |
| <input type="checkbox"/> Suburban                  | <input type="checkbox"/> Frontier* |
| <input type="checkbox"/> Tribal Lands/Reservations |                                    |
| <input type="checkbox"/> Other (please explain):   |                                    |

\*Frontier refers to a remote area where weather and distance can be a barrier to people seeking and receiving services they need

**6. Are you a veteran?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|



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Print Name

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Signature

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Date

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**Applicants will be notified of their award status on a rolling basis and  
by September 1<sup>st</sup>, 2023 at the latest**

Please email [erin.poole@du.edu](mailto:erin.poole@du.edu) with any application or program questions.