

Applicat on for Behavioral Health Partnership Program

Name:

University Student ID:

Date of Birth:

Email:

Phone Number:

Address:

-Current Grade point average:

- Colleges At ended:

- Degrees Earned (if applicable):

- Relevant Work or Field Experience:

- Cert f cat ons or Licenses:

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1. Why are you interested in participating in the Behavioral Health Partnership Program?

2. How do you envision contributing to the field of behavioral health?

Please submit your completed application along with two letters of recommendation to Sylvester M. Huston III, MSW LSW Behavior Health Campus Coordinator, at smh271@uakron.edu. Or (330) 972-4178

For any inquiries, contact Sylvester M. Huston III, MSW LSW Behavior Health Campus Coordinator, at smh271@uakron.edu or (330) 972-4178.