



Ohio Great Minds Fellowship Agreement

STUDENT COMMITMENT LETTER FOR COMMUNITY BEHAVIORAL HEALTH CENTER PLACEMENT

I, _____ (Student Name), have been selected by Cleveland State University (College/University) to receive funding for my participation in and satisfactory completion of the pre- and post-graduation Ohio Great Minds Fellowship program. My field placement will be in a home- and community-based behavioral healthcare setting, and it will be a prerequisite for graduation with degree. By signing this letter, I herein commit to completing a field placement working directly with home- and community-based healthcare providers. My field placement will involve experiential training that offers participation in established interprofessional and integrated health teams. I also agree to work for one year, in some capacity, at a participating Ohio Community Behavioral Health Center (CHBC).

Eligibility

I attest that I am an Ohio resident who is within two years of graduating with a degree or certificate in Social Work, Marriage and Family Therapy, Mental Health Counseling, Psychiatric/Mental Health Nursing, and Substance Abuse/Addiction Counseling at one of Ohio's two- or four-year colleges or universities.

Initials

Program details

Through participating colleges and universities, Great Minds Fellows will be eligible for up to \$10,000 (lifetime maximum) during their undergraduate and graduate studies for:

- Costs of obtaining qualifying degrees or for-credit certificates including, but not limited to, tuition, fees, supplies, books, meal plans, housing, and other education-related expenses
- Expenses related to internships in CBHCs at the undergraduate and graduate level
- Costs related to required license and certification preparation and exams
- Other necessary costs related to licensure, degree or certificate, or internship, e.g., childcare, transportation



In consideration for the receipt of the Ohio Great Minds Fellowship funds, I agree to or attest that the following terms are true:

1. I agree to complete my entire internship(s) at a participating CBHC.
2. Upon my graduation on _____ (insert anticipated graduation date) I agree to work at a participating CBHC in some capacity for one year.
3. I agree to the allowable use of funds as outlined.
4. I agree that if I fail to complete the internship and or the commitment of post graduate work, I may be required to return the funds to the state.
5. Should I withdraw from the academic program (or if I am involuntarily withdrawn) prior to my projected graduation date, I may forfeit a portion of my funds or I may be required to repay a prorated portion of my fellowship.

Student Name _____ Student ID # _____

Student Signature _____ Date _____

Authorized College Representative _____ Date _____

Submit form by scanning and emailing to docimaging@csuohio.edu, mailing to address noted below, faxing to 216-687-9247 or in person at Campus411, All-in-1 in BH 116.

Cleveland State University
2121 Euclid Avenue, Cleveland, OH 44115
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Fax 216-687-9247
www.csuohio.edu/financial-aid