Scholarship Application
CPS Tier 1 Training February 2-4th, 2016

In an effort to continue to advance the CPS model across the state, the Oregon Health Authority (OHA) will be offering a limited number of scholarship slots to participants who serve children and families under the Oregon Health Plan as well as to interested parents and caregivers. Please complete the following application to be considered. The number of scholarship slots per agency will be determined based on the number of agencies that express interest.

Those individuals and/or agencies who are chosen for the scholarship slots will have the entire registration fee of $250.00 waived (lodging, meals, and other travel costs are not included).

All applications are due by January 15th, 2016 to be considered. Application forms can be emailed to CPS at cps@ohsu.edu. Scholarship slots will be confirmed no later than January 22, 2016. If you have additional questions please email cps@ohsu.edu

In addition to the above scholarships, OHA and OHSU will also be identifying one (1) agency and/or program to receive 12 follow up coaching sessions with a Certified Think Kids Trainer from OHSU. Agencies/programs that have a number of participants in attendance to effectively impact cultural change will be considered for this support. Coaching support will focus on further skill development and implementation of the cps model within a system.

(Please print clearly)

Name of Applicant:_____________________________________________     Title: _________________________________________________
Name of Agency: _________________________________________    Oregon Health Plan Provider:         yes    or   no
Address:________________________________________________________  Phone:________________________________________________
City:_________________________________State________Zip_________   Email:___________________________________________

(For agencies registering as a group)
Name of Agency: _________________________________________    Oregon Health Plan Provider:         yes    or   no
Address:________________________________________________________  Phone:________________________________________________
City:_________________________________State________Zip_________   Email:___________________________________________

Contact Person: Name____________________________________Phone__________________email_______________________
How many scholarship slots would your agency require: __________
Please answer the following questions the best you can.

1. Briefly explain how you or your agency will utilize knowledge and skills gained through this training:
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2. If you have some basic understanding of CPS principles, briefly explain how CPS will enhance your practice:
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___________________________________  __________________
(signature)                   (date)

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