



***Infant-Parent Training Institute Scholarship Program
APPLICATION***

I. Personal and Professional Information

Applicant Name:

Mailing Address:

City:

Daytime Telephone Number:

Evening Telephone Number:

Email:

Current Employer:

Employer Address:

City:

Current Position/Title:

Name of Supervisor:

Number of work hours per week:

Date current employment began:

II. Education

High School:

College:

Graduate School:

Degree:

Graduate School:

Please list below any courses/trainings you have taken in infant-toddler-pre-school mental health:



III. Brief Essays

Please describe how your current job responsibilities are related to early childhood mental health or promoting the social-emotional well-being of infants, toddlers and/or preschoolers.

What gives you the most joy in your work with infants, toddlers, and/or pre-schoolers their parents and other significant caregivers?

What do you see as your next step or steps in supporting the emotional well being of children from birth to five?

In a family you find easy to work with describe a positive interaction you observed between an infant, toddler, or preschooler and his or her parents or other significant caregiver.

In a family you find challenging to work with describe a positive interaction you observed between an infant, toddler, or preschooler and his or her parents or other significant caregiver.

How do you envision incorporating what you gain in this training into your work?

Please attach the following with your application:

- Letter of reference from your program director or other appropriate agency representative endorsing your participation and agreeing to support your efforts. For self-employed practitioners, a letter from a professional colleague familiar with your practice.
- Current résumé.
- Applicant agreement form (attached).



Connected Beginnings Training Institute

Infant-Parent Training Institute Scholarship Program
Applicant Agreement Form

In applying for the Massachusetts Early Childhood Mental Health Training Scholarship, I hereby agree to the following (*please check each individual box*):

- I grant Connected Beginnings permission to contact my supervisor for references if awarded a scholarship.
- I agree to commit a negotiated number of hours of pro-bono consultation to non-profit child and family-serving organizations within one year of receipt of the Birth to Five Mental Health Training certificate awarded by Jewish Family and Children's Service for the Infant-Parent Training Institute.
- I agree to attend meetings (frequency and length to be negotiated) with Sarah Greenberg (on behalf of Elizabeth Leutz, Executive Director) to connect the training to practice.
- I agree to provide evaluation feedback at the conclusion of my training and to provide evaluation information for one year after receiving the final scholarship award from Connected Beginnings Training Institute.
- I agree to cooperate with Connected Beginnings evaluator(s).
- All of the materials submitted as part of this application are true representations of my academic and employment history.

Signature

Date

Questions and Applications with all materials should be submitted to:

Elizabeth Leutz, Executive Director

**Connected Beginnings
Training Institute**

89 South St., Suite 601
Boston, MA 02111

Tel: 617-345-0545 ext. 400 **Email:** bleutz@connectedbeginnings.org