

WILSON 
E D U C A T I O N & M E N T A L
W E L L N E S S
FOUNDATION

Est. 2022

MENTAL WELLNESS SUPPORT GRANT APPLICATION

GRANT OVERVIEW

The Mental Wellness Support Grant provides financial assistance to individuals pursuing education and certification in fields related to mental health, trauma-informed care, and community well-being. This grant aims to support those who are dedicated to making a positive impact on mental wellness in their local communities.

NUMBER OF AWARDS

The number of awards granted will be determined by available funds. Priority will be given to individuals with demonstrated financial need and those who show a commitment to applying their education to support mental wellness efforts in themselves and communities.

AMOUNT OF AWARDS

The grant will cover program costs up to \$1,500 per recipient, depending on the nature of the certification or educational program.

ELIGIBILITY CRITERIA

To be eligible for this grant, applicants must meet the following criteria:

- Applicant must reside in Fresno County
- Be accepted or enrolled in an accredited mental wellness or education program.
- Submit a statement outlining how their education will contribute to mental wellness in their community. This statement should reflect the applicant's passion, goals, and specific plans for utilizing the skills learned.

APPLICATION DEADLINE

Applications Accepted Year-Round

HOW TO APPLY

Please submit your completed application and supporting materials to Wilsoneduandwellness@gmail.com. If you have any questions, feel free to contact us at wilsoneduandwellness@gmail.com.

APPLICATION

Full Name:

Date of Birth: Gender:

Address:

City: State/Province:

Zip/Postal Code: Country:

Phone Number: Email Address:

EDUCATION / RETREAT INFORMATION

Name of Program

Name of Institution

Enrollment Status Full-time Part-Time Enrolled

Expected dates of classes / retreat

Statement of Purpose (500-1000 words)

Describe how your education and certification will help promote mental wellness in the community. Share your personal connection to mental health, any relevant experiences, and your aspirations for using your knowledge to support others and foster well-being

This statement is not required by First Responders attending a Trauma Retreat.



Statement of Purpose Continued

[Empty text area for Statement of Purpose Continued]

Financial Need Statement

Please provide a brief explanation of why you require financial assistance for your class and/or retreat education program. This section can include personal circumstances or challenges that have impacted your ability to fund your education independently.

[Empty text area for Financial Need Statement]



Supporting Documents

Attach all supporting documents to send in with your application to include one or more;

- Class registration confirmation
- Email confirmations
- Entity email, phone number and contact o process payment of your class and/or retreat

Policy and Promotion

Due to the sensitive nature of this grant, recipients name will be held confidential and no information from the applicant will be used for promotional purposes unless explicitly agreed to by the recipient. While recipients may be invited to participate in promotional materials, such as social media posts, mental health organizations, educational institutions, and community outreach programs, participation is voluntary and not a requirement for receiving the grant

By signing below, I confirm that I have read, comprehended, and agree to the checklist and the lash lift procedure outlined above.

Applicant's Signature:

Foundation Approval

Date;

Date;