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**U.S. Department of Education Minority Science and Engineering Improvement Program Research Engagement, Quality Assurance, and Mental Readiness for Remote Learning (REAL)**

 **APPLICATION FORM**

**For**

**MENTAL WELLNESS TRAINING STIPEND ($150)**

**To Receive $150 Stipend, the Qualification Requirements are:**

* Must be a U.S. Citizen or Permanent Resident
* Must be a Texas A&M University-Kingsville racial or ethnic minority student in STEM (Science, Technology, Engineering, and Math) majors
* Completing selected activities with TAMUK Counseling Services
* Complete all the pages of this form, sign it, and submit it to Mrs. Yi Ren (Yi.Ren@tamuk.edu)

***Please Print or Type. Complete all items, if not applicable then please write ‘NA’ in the space.***

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ K#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you an undergraduate student? Yes\_\_\_ No \_\_\_ Are you a graduate student? Yes\_\_\_ No \_\_\_**

**Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Cell #**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Please note: We will communicate with you mainly through email, so please type or write legibly.**

**Are you a U.S. Citizen or Permanent Resident? Yes\_\_\_ No \_\_\_**

**Please provide the following demographic information as part of the application form.**

**Ethnicity:** □ Hispanic or Latino □ Not Hispanic or Latino

**Race: *(Choose one or more responses)*** □ American Indian or Alaskan Native □ Asian

 □ Black or African American □ White

 □ Native Hawaiian or Other Pacific Islander

 □ Other (please specify):\_\_\_\_\_\_\_\_\_\_

**Gender:**  □ Male □ Female □ Other (please specify):\_\_\_\_\_\_\_\_\_\_

**Disability:** □ Hearing □ Visual □ Mobility/Orthopedic □ None □ Other \_\_\_\_\_\_\_\_\_\_\_

**How did you find this opportunity?**

□ From TAMUK website □ From the Program Flyer

□ From your friends or faculty/teachers □ Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You can find more information about these activities in our university wellness center website: <https://www.tamuk.edu/shw/counseling-services/index.html>

You can watch several short videos to show how these activities work from our project website: <https://www.tamuk.edu/engineering/institutes-research/USDE-MSEIP-REAL/Mental-Wellness-Training.html>

EMAIL YOUR COMPLETE APPLICATION FORM (**INCLUDING PAGE 3-Next Page**) TO:

Mrs. Yi Ren, Project Manager, Texas A&M University-Kingsville

Yi.Ren@tamuk.edu

361-593-3555

**Signature of Applicant Date**

**STUDENT HEALTH AND WELLNESS - COUNSELING SERVICES**

**CONSENT FOR DISCLOSURE**

I, (insert name)

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| --- |
|  |

Hereby authorize Counseling Services at Texas A&M University-Kingsville located at 1210 N. Retama Drive, Kingsville, Texas 78363 to:

[x]  **Disclose information to** [x]  **Receive information from**

|  |  |
| --- | --- |
| Name(s) | Phone Number |
| **Project Managers of the Research Engagement, Quality Assurance and Mental Readiness for Remote Learning (REAL) Project****Dr. Hua Li, Dr. Abiola Dipeolu, Dr. Yi Ren** | **Dr. Hua Li** **Lead Investigator** **361.593.4057** |
| Department or Agency Name |
|  **Texas A&M University – Kingsville**  |
| Address | City | State | Zip |
| **700 University Blvd** | **Kingsville** | **Texas** | **78363** |

[x]  Verification of Attendance (number of sessions/dates of attendance) of counseling services and programs

[x]  CCAPS Pre and Post aggregate data with no personal identifiable information

I understand this information will be used for the following purpose:

|  |
| --- |
| To meet theeligibility requirements of participation in the Research Engagement, Quality Assurance and Mental Readiness for Remote Learning (REAL) project stipend. Due to confidentiality, no other information will be shared with the project managers including session content. |

I also hereby authorize that a photocopy of this consent for disclosure be accepted with the same authority as this original.

This consent shall expire on (one year from today)

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I understand that this consent is subject to my written revocation at any time before the above expiration date.

|  |  |
| --- | --- |
| Client printed name | Client Signature |
|  |  |
| K number # | Date of Birth |
|  |  |
| Date |  |
|  |  |

For office use only (additional information/notes)

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