



## Mental Health Loan Assumption Program (MHLAP) Advisory Committee Application

Thank you for your interest in serving on the MHLAP Advisory Committee. Please submit the information below and a copy of your current résumé to Brent Houser at [tino.raya@oshpd.ca.gov](mailto:tino.raya@oshpd.ca.gov).

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Ethnic background/affiliation (optional):

African American     Asian American/Pacific Islander     Caucasian  
 Latino/Hispanic     Native American     Other: \_\_\_\_\_

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Please answer the following questions (attach additional page, if necessary):

1. Describe your involvement in mental health education programs.
  
  
  
  
  
  
  
  
  
  
2. Describe your interest in serving on the Mental Health Loan Assumption Program Advisory Committee.
  
  
  
  
  
  
  
  
  
  
3. What strengths, contributions, and resources would you bring to the Mental Health Loan Assumption Program Advisory Committee?