HEALTH PROFESSIONS EDUCATION FOUNDATION
Giving Golden Opportunities

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 Tino Raya at 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: _____

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?