Organization Information

Organization Legal Name:

Organization Doing Business as Name (if different than Legal Name):

Employer Identification Number:

Is the Organization a Registered 501(c)3? Y N

Street Address, State, Zip Code:

County:

Main Phone Number:

Website:

Executive Director Name:

Executive Director Email:

Executive Director Phone:

Applicant Details

Applicant Contact Name (if different than Executive Director):

Applicant Contact Title:

Applicant Contact Email:

Applicant Contact Phone:

Scholarship Qualification Questions

All Stronger Together Peer Support Model™ (Bellis) groups must be facilitated by a trained, licensed social worker, therapist, drug/alcohol counselor, parent educator, or similarly qualified professional. *Please direct any questions you have about your employee qualifications to Bellis staff before applying for this scholarship.*

Do you employ a licensed professional who will be able to facilitate Bellis groups?

How many facilitators would you like to be trained?

Provide their full names, titles, and professional license types:

Scholarship Narrative Questions

Introduce your organization, its mission, values, and goals. (3000 characters at most)

Please describe the population you support. (3000 characters at most)

Please describe the culture of your workplace. (3000 characters at most)

What do you know about Bellis? Why will Bellis groups work at your organization? (3000 characters at most)

How many Bellis groups will you offer at your organization? What is your timeline for implementing Bellis groups once your facilitators are trained? (1000 characters at most)

Are you willing to implement a community group available to participants outside your organization? If yes, will this be an in-person or virtual group? (1000 characters at most)

Documentation Requested

Please upload your organization's current budget.