The Benji Project

Making Friends with Yourself

Teacher Training Scholarship

Application 2018

BACKGROUND

The Benji Project’s mission is to offer a program on mindfulness and self-compassion to adolescents. The organization’s core offering is an eight-week, once a week program for ages 11 to 19 called Making Friends with Yourself. Training to lead this program consists of completing an adult course in mindful self-compassion under the curriculum of The Center for Mindful Self-Compassion and a Making Friends with Yourself teacher training program as developed by the creators of the course. The first class is offered as either a five-day residential intensive program or an eight-week, once a week program. The second course is only offered as a five-day intensive.

The Benji Project plans to defray training and travel costs of up to $5,000 each for individuals selected. The goal is to select two candidates and an alternate in 2018 followed by more as fundraising permits. Successful applicants will be provided details on finances and teaching commitments under the scholarship program. Recipients will be asked to contribute a small amount toward their training costs.

Applicants must be at least 23 years old.

Please complete the following information, sign, scan and email the application to [cynthia@thebenjiproject.org](mailto:cynthia@thebenjiproject.org) or print it out and mail to 1404 Washington St. Port Townsend, WA 98368. Completed applications are due by 5 p.m. PST April 20, 2018. No late applications will be accepted.

Applicants may be contacted for further information or in-person interviews. Scholarship awards will be posted on The Benji Project website in early May, and applicants will be notified by email.

If you have any questions, please email [cynthia@thebenjiproject.org](mailto:cynthia@thebenjiproject.org)

**SCHOLARSHIP APPLICATION**

PERSONAL INFORMATION

First name:

Last name:

Nickname:

Birthdate:

Residence Address:

Mailing address if different:

Phone number:

Email address:

Best way and time to contact you:

EDUCATION, EMPLOYMENT AND EXPERIENCE

**Education**

Highest level of education completed, date of graduation, degree earned

Other education, training, certifications that you would like us to consider if relevant

**Employment history**

Current job, dates, position, one sentence description

Previous position 1, dates, position, one sentence description

Previous position 2, dates, position, one sentence description

**Experience**

Please describe your experience working with youth including dates, duration, location, position and any other details you feel may be relevant.

Please describe any experience you might have as a provider in mental health or healthcare fields.

Please describe your experience leading groups. This may include training or presenting in front of groups.

PERSONAL

Have you ever been convicted of a crime? (yes/no) If yes, please provide details.

Please provide the names and contact information for two people not related to you who can attest to your abilities as a trainer working with adolescents. Describe how they know you and for how long. By providing this information, you confirm we may contact your references.

1.

2.

Are you familiar with the practice of mindfulness? (yes/no) If yes, please describe what mindfulness means to you and any personal impact or experience of mindfulness in your life. (150 words or less)

Do you live in Jefferson County (yes/no)? If yes, how long have you lived in Jefferson County and do you anticipate moving out of Jefferson County? If no, do you have any connections to Jefferson County? (yes/no) Would you be willing to travel to Jefferson County to teach programs?

Please discuss why you are seeking this scholarship and why you want to teach the Making Friends with Yourself program. (300 words maximum)

Please sign below. Your signature confirms that your answers are accurate and you understand that completing this application does not guarantee you a scholarship. Scholarship award offers will be accompanied by full details about your obligations as a recipient if you choose to accept.

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Name (print)

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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date