

Mental Health Funding Application

COLLEGE OF THE SEQUOIAS

2026-2027

Is your club or program seeking funding for a project (field trip/conference, supplies, speaker, etc.) that aims to support or enhance the mental health and well-being of your members or the greater student body? Consider applying for funding through the Health Center!

Details:

The purpose of this proposal is to request funding from the COS Student Health Center's Mental Health program, in collaboration with the CA Community College (CCC) Chancellor's Office. These funds are intended to be used in alignment with the mission of these two entities, and should be focused on developing and implementing engaging, student-centered activities to promote holistic mental health support for students across the continuum. Such projects or activities may include; creating or engaging in activities that focus on the promotion of mental health and wellbeing, prevention of mental health issues, crisis support and recovery for those struggling with mental health challenges, etc. In addition to meeting the eligibility criteria listed below, students applying for this funding also agree to include a short narrative explaining how your project supports student mental health and well-being.

To be eligible:

- Clubs/ Organizations and/or programs must be active and have current, active standing on file with the college to receive funding. If the purpose of your request is to create a new club/program/support group, please clearly state this and describe how the funds will support its development.
- **Funding must clearly support student mental health needs** (e.g., stress reduction, education, stigma reduction, peer support, wellness events, resource development, training, etc.).
- Submit completed applications to the Health Center (Giant Forest 123).
- Final approval requires the club advisor's, or organization's supervisor's signature.

Timeline:

Applications for Mental Health Funds may be submitted from August 1st to March 16th. The review committee will reply within 10 business days from the date the application is received. The maximum award is **\$8,000** per club per academic year. Upon approval, the funds must be spent by May 8th.

Disclaimer:

Approval of funding is **not assured**, even for applications that meet all stated eligibility requirements. Limited funding, program capacity, and other resource considerations may prevent approval of otherwise strong applications. The Health Center and review committee retain full discretion to deny funding for any proposal that does not align with funding priorities, mental health goals, or the values upheld by the Health Center and the COS student body.

Short Answer questions

Club/Organization Name:	
Title of the mental-health-related project, trip, or event:	
What semester are you applying for?	
Amount requested (up to \$8,000):	
Club/Organization advisor:	
Club/Organization president:	
Main contact person:	
Main contact email & phone number:	
<i>*Attach club minutes showing approval (if applying as club)</i>	
<i>*Attach current Club Info Sheet</i>	

1. Describe the mental health-related project, trip, or event.

Include the goals, purpose, target audience, and a basic timeline.

2. Budget: Give specific details about how funds will be used.

(Examples: X amount for event supplies, X amount for travel, X amount for speaker honorarium, training materials, travel for mental health conference, mindfulness kits, outreach materials, etc...)

3. Describe how this initiative supports student mental health and well-being.

Explain:

- The mental health need being addressed
- How the project aligns with your club's mission
- How it benefits the broader COS student body

4. Evaluation: How will you measure success? What indicators will help you determine whether the project met its mental health goals? How will you ensure these outcome results get presented to the funding source (ie; the Health Center's Grant Fund Committee).

5. How will you ensure this project is accessible and welcoming to all students?

Application signatures:

Club President _____ Date:

Signature _____

Club Secretary/Treasurer _____ Date:

Signature _____

Club Advisor _____ Date:

Signature _____

Organization/Program Advisor _____ Date:

Signature _____

For use by Health Center office only

Approved Amount: _____

Approval Signatures:

Student Club President _____ Date:

Signature _____

Student Senate Commissioner of Clubs _____ Date:

Signature _____

Director, Student Activities & Affairs _____ Date:

Signature _____