INSTITUTE FOR PSYCHOANALYSIS

SCHOLARSHIP APPLICATION

ACADEMIC YEAR 2017-2018

122 South Michigan Avenue
Suite 1300
Chicago, IL 60603

(312) 922-7474
(312) 922-5656 Fax
www.chicagoanalysis.org
**General Information**

Limited scholarships are available and awarded to qualified students who have been accepted into one of the Institute's Certificate programs and demonstrate a need for financial assistance.

All applications must be accompanied by the applicant’s most recent tax return (if married, joint return).

The number of scholarships and the scholarship guidelines are determined on an annual basis.

**Scholarship Information**

- Preference will be given to those applicants with little or no funding from other sources.

Scholarships are limited to one year of study.

- A scholarship can only be used in the year it is awarded. Students who decide to delay admission must re-apply.
SCHOLARSHIP APPLICATION  
ACADEMIC YEAR 2017-2018

Name ________________________________________________________________

Address _______________________________________________________________

City___________________________ State_______________  Zip _____________

Phone (    ) ________________  Email Address ____________________________

Number of dependents _________

PROGRAM APPLIED FOR

Fundamentals  □  Child and Adolescent Psychotherapy  □  
Adult Psychotherapy  □  Psychoanalytic Education for Scholars  □  
Adult Psychotherapy +2  □  Psychoanalytic Education Program  □  

EMPLOYMENT

Are you currently employed?  Yes □  No□

Name of Employer ________________________________

Position/Title ________________________________

Hours worked per week ______________

Are you eligible to receive tuition reimbursement from your employer?  Yes □  No□
### FINANCIAL SUMMARY

**Monthly Household Income**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>$ ________</td>
</tr>
<tr>
<td>Private Practice</td>
<td>________</td>
</tr>
<tr>
<td>Investment Income</td>
<td>________</td>
</tr>
<tr>
<td>Other Income (i.e. gifts, child support, etc.)</td>
<td>________</td>
</tr>
</tbody>
</table>

**Total Monthly Income** $ ________

**Monthly Expenses**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household (i.e. mortgage, rent, electric, gas, etc)</td>
<td>$ ________</td>
</tr>
<tr>
<td>Automobile</td>
<td>________</td>
</tr>
<tr>
<td>Loan Interest</td>
<td>________</td>
</tr>
<tr>
<td>Childcare</td>
<td>________</td>
</tr>
<tr>
<td>Clothing</td>
<td>________</td>
</tr>
<tr>
<td>Education</td>
<td>________</td>
</tr>
<tr>
<td>Food</td>
<td>________</td>
</tr>
<tr>
<td>Healthcare</td>
<td>________</td>
</tr>
<tr>
<td>Insurance</td>
<td>________</td>
</tr>
<tr>
<td>Taxes</td>
<td>________</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>________</td>
</tr>
</tbody>
</table>

**Total Household Expenses** $ ________

**Other Expenses or Circumstances to be Considered:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Z:\Education Operations\Scholarship\Scholarship Application 2017-2018.docx
4/26/2017 3:07 PM
Provide a brief explanation for why you are seeking financial support, including how the remainder of tuition will be handled.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

The information I have included on this application is complete and accurate to the best of my knowledge. I understand that the scholarship may be revoked if information is withheld or misinformation is included on this application.

_________________________________________  ____________________________
Name                                           Date

All financial information will be highly confidential