



CHICAGO  
PSYCHOANALYTIC  
INSTITUTE

**HUMAN.**  
**BEING.**

**SCHOLARSHIP APPLICATION**

**ACADEMIC YEAR 2018-2019**

122 South Michigan Avenue  
Suite 1300  
Chicago, IL 60603

(312) 922-7474  
(312) 922-5656 Fax  
[www.chicagoanalysis.org](http://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 2018-2019**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Number of dependents \_\_\_\_\_

**PROGRAM APPLIED FOR**

- |                                 |                          |                                    |                          |
|---------------------------------|--------------------------|------------------------------------|--------------------------|
| Fundamentals                    | <input type="checkbox"/> | Child and Adolescent Psychotherapy | <input type="checkbox"/> |
| Adult Psychotherapy             | <input type="checkbox"/> | Psychoanalysis for Scholars        | <input type="checkbox"/> |
| Adult Psychotherapy +2          | <input type="checkbox"/> | Psychoanalytic Education Program   | <input type="checkbox"/> |
| Psychotherapy Clinic Fellowship | <input type="checkbox"/> |                                    |                          |

**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**

Salary \$ \_\_\_\_\_  
Private Practice \_\_\_\_\_  
Investment Income \_\_\_\_\_  
Other Income (i.e. gifts, child support, etc.) \_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_

**Monthly Expenses**

Household (i.e. mortgage, rent, electric, gas, etc) \$ \_\_\_\_\_  
Automobile \_\_\_\_\_  
Loan Interest \_\_\_\_\_  
Childcare \_\_\_\_\_  
Clothing \_\_\_\_\_  
Education \_\_\_\_\_  
Food \_\_\_\_\_  
Healthcare \_\_\_\_\_  
Insurance \_\_\_\_\_  
Taxes \_\_\_\_\_  
Other (specify) \_\_\_\_\_

**Total Household Expenses** \$ \_\_\_\_\_

Other Expenses or Circumstances to be Considered:

---

---

---

---

---

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*