**General Information**

Limited scholarships are available and awarded to qualified students who have been accepted into one 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
Adult Psychotherapy
Adult Psychotherapy +2
Psychotherapy Clinic Fellowship

Child and Adolescent Psychotherapy
Psychoanalysis for Scholars
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>Source</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>Category</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:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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