

INSTITUTE FOR PSYCHOANALYSIS

SCHOLARSHIP APPLICATION

ACADEMIC YEAR 2017-2018

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