

### Merit Scholarship Applicant Profile

Name: \_\_\_\_\_ Degree \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Office \_\_\_\_\_ Fax \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

*Please respond to all that apply:*

College/University: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_ Degree Earned \_\_\_\_\_ Date of Completion \_\_\_\_\_

Professional License: \_\_\_\_\_ License Number \_\_\_\_\_

Professional Affiliation: Position or Title: \_\_\_\_\_

Institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Please indicate your current professional status and enclose document as requested:

<input type="checkbox"/> Student: full-time matriculation in a graduate degree granting program (masters or doctoral) or psychiatric residency; please provide verification of full time status in such a program	<input type="checkbox"/> New Professional: have graduated within the last 3 years from a full-time graduate degree granting program (masters or doctoral) or psychiatric residency  Graduation Date: _____	<input type="checkbox"/> Agency Employee: agency letterhead stating personnel are full-time employees at a not-for-profit mental health services agency/institution; please provide verification of employment and not-for-profit status on agency letterhead
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*The following information is optional, but please note that it is used to determine eligibility for certain scholarships.*

Years in Field: ☐ 0-3 ☐ 3-5 ☐ 5-10 ☐ 15 or more ☐ Reentering field after \_\_\_\_\_ years away

Age: ☐ 20-30 ☐ 30-40 ☐ 40-50 ☐ 50-60 ☐ 60-70 ☐ 70+

Gender: ☐ Male ☐ Female

Racial Identity: ☐ African American ☐ American Indian ☐ Asian ☐ Caucasian ☐ Hispanic

☐ Middle Eastern ☐ Pacific Islander ☐ Other \_\_\_\_\_

Relational Status:

( ) Single ( ) Single or Divorced with young dependent(s) ( ) Married ( ) Life Partner  
( ) Divorced ( ) Widow/ Widower

AGPA Scholarship Recipient Information: Please complete this section with all scholarships received; please note the name if you received a named scholarship

( ) 1<sup>st</sup> time applicant

Previously received AGPA Scholarships (please indicate year and location for each received, e.g. 2007 Austin); if more than five scholarships received please list others using space below):

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

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Name of Scholarships received (if applicable) with year and location received:

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*\*The Group Psychotherapy Foundation recognizes scholarship recipients by listing their names in publicly distributed materials, including, but not limited to, the Luncheon Program at the AGPA Annual Meeting. Please check here if you do **not** want your name listed publicly. ( )*