



GROUP PSYCHOTHERAPY FOUNDATION

25 East 21st Street, 6th Floor

New York, NY 10010

Telephone: (212) 477-2677 Toll Free: (877) 668-2472 Fax: (212) 979-6627

Website: www.agpa.org Email: info@agpa.org

Merit Scholarship Applicant Profile

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: Home _____ Office _____ Fax _____

Email: _____

Please respond to all that apply:

Professional Degree: _____

College/University _____

City _____ State _____

Major Field of Study _____

Degree Earned _____ Date of Completion _____

Post-Graduate Training Program and School _____

Degree or Certificate Earned (If Applicable) _____

City _____ State _____

Date of Completion _____

Professional License: _____ License Number _____

Professional Affiliation: _____

Position or Title: _____

Institution: _____

The following information is optional, but please note that it is used to determine eligibility for certain scholarships.

Years in Field: () 0-5 () 5-10 () 10-15 () 15-20 () 20+ () Reentering as _____

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:

() 1st time applicant

Previously received AGPA Scholarships:

(1) _____ year (2) _____ year (3) _____ year (4) _____ year

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. ()*