

AUSTIN GROUP PSYCHOTHERAPY SOCIETY

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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+

Age: () 20-30 () 30-40 () 40-50 () 50-60 () 60-70 () 70+

Gender: () Male () Female

AGPA Scholarship Recipient Information:

st
() 1 time applicant

Previously received AGPS Scholarships:

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

*Austin Group Psychotherapy Society recognizes scholarship recipients by listing their names in publicly distributed materials. Please check here if you do **not** want your name listed publicly. ()