



# AMERICAN ACADEMY OF PSYCHOTHERAPISTS

Scholarship Committee

605 Poole Drive - Garner, NC - 27529

919-779-5051 Phone - 919-779-5642 Fax

## 2010 Application for Scholarship

Please print or type all information. You may attach additional pages as needed.

Return application to the address above.

### GENERAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Home \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Male  Female

African American  American Indian  Asian  Caucasian  Hispanic  Other \_\_\_\_\_

Age  20-29  30-39  40-49  50-59  60-69  70+

Years in Field  0-5  6-10  11-15  16-20  21+

### TRAINING AND PROFESSIONAL EXPERIENCE Please respond to all that apply.

Undergraduate School \_\_\_\_\_ City/State \_\_\_\_\_

Year Graduated \_\_\_\_\_ Major \_\_\_\_\_ Academic honors \_\_\_\_\_

Graduate School \_\_\_\_\_ City/State \_\_\_\_\_

Major Field of Study \_\_\_\_\_ Degree Earned \_\_\_\_\_

Dates Attended \_\_\_\_\_ Date of Completion \_\_\_\_\_ Academic honors \_\_\_\_\_

Post-Graduate Training Program \_\_\_\_\_ City/State \_\_\_\_\_

Degree/Certificate \_\_\_\_\_ Date of Completion \_\_\_\_\_

Professional Discipline \_\_\_\_\_ License Number/State \_\_\_\_\_ /

Current Position or Title \_\_\_\_\_

Institution or Private Practice complete address \_\_\_\_\_

Other Professional Affiliations \_\_\_\_\_

I enjoy working with the following populations:

Children  Adolescents  Adults  Couples  Groups  Families  Other \_\_\_\_\_

Please describe the treatment orientations (i.e., psychodynamic, experiential, systems, etc.) you utilize and what you are interested in learning more about:

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Please tell us why you are interested in participating in the 2010 AAP Institute and Conference as a Scholar:

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**PROFESSIONAL REFERENCES** Please list 2 people who have supervised your professional work who have your permission to release information about you when they are contacted by the Scholarship Committee.

1. Supervisor Name \_\_\_\_\_ Degree \_\_\_\_\_  
CURRENT Address \_\_\_\_\_ Phone \_\_\_\_\_  
Location and Nature of Association \_\_\_\_\_  
AAP member? Y/N Years of Association \_\_\_\_\_ Theoretical Orientation \_\_\_\_\_  
Total hours spent in: Individual Supervision \_\_\_\_\_ Group Supervision \_\_\_\_\_

2. Supervisor Name \_\_\_\_\_ Degree \_\_\_\_\_  
CURRENT Address \_\_\_\_\_ Phone \_\_\_\_\_  
Location and Nature of Association \_\_\_\_\_  
AAP member? Y/N Years of Association \_\_\_\_\_ Theoretical Orientation \_\_\_\_\_  
Total hours spent in: Individual Supervision \_\_\_\_\_ Group Supervision \_\_\_\_\_

By signing and submitting this application, I assert that all the information provided is true. I hereby give permission to all supervisors and references listed to release information about me to the Academy's Scholarship Committee members.

Printed Full Name \_\_\_\_\_ Most Recent Degree \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**You must include an official copy of your graduate school transcript with your application.**

Thank you for applying for an AAP SCHOLARSHIP. Please note the Scholarship Committee must receive your application **no later than September 15, 2010**. You will be notified of your acceptance of a scholarship **award on or before October 5, 2010**. The 2010 Institute & Conference will be held at the Marriott Inner Harbor in Baltimore, MD November 3 - 7, 2010. More information is available at [www.aapweb.com](http://www.aapweb.com). **We suggest you keep a copy of this application for your records.**

**AAP Scholarship Committee Co-chairs:**

**Lyn Sommer, PhD ([lynsommer@aol.com](mailto:lynsommer@aol.com)) and Doris Jackson, PhD ([dorisj@comcast.net](mailto:dorisj@comcast.net))**