



AMERICAN ACADEMY OF PSYCHOTHERAPISTS

Scholarship Committee

111 W. Main Street #100 - Garner, NC - 27529

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

aap@mgmt4u.com

2011 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:

Please tell us why you are interested in participating in the 2011 AAP Institute and Conference as a Scholar:

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, 2011**. You will be notified of your acceptance of a scholarship **award on or before October 3 2011**. The 2011 Institute & Conference will be held at the Inn & Spa at Loretto in Santa Fe, NM October 19-23, 2011. More information is available at 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) and Doris Jackson, PhD (dorisj@comcast.net)