**SAN DIEGO CAMFT - SCHOLARSHIP APPLICATION**

**2016**

Please indicate which scholarship you are applying for (please note the specific application deadlines as posted on the website)

[ ] Betty Jackson Scholarship Award – ‘Needs’ Based

These awards will be granted to the applicant who demonstrates a need for the funds in order to further their pursuit of a goal related to their degree, i.e. assistance is needed to pay exam fees, payment for exam study preparation, or funding is needed for a research project.

[ ] Dr. Steve Koh Scholarship Award – ‘Service’ Based

These awards will be granted to the applicant who demonstrates the desire to develop a service project through the local chapter to support fellow pre-licensed members in the community. Examples of service projects include but not limited to: starting a Chapter 3000 Club, starting a Meet Up, creating a Marketing platform using social media.

|  |  |
| --- | --- |
| Name | Today’s Date  |
| Address |  |
| City/State/Zip |
| Daytime Phone | Email |

|  |  |
| --- | --- |
| CAMFT Membership No |   |
| Expiration Date of CAMFT |  |
| Intern No (if applicable) |  |

**Edcucation**

|  |  |
| --- | --- |
| Highest degree conferred to date: |   |
|  Graduation date? |  |
| From which university? |  |

Currently enrolled? [ ] Yes [ ] No

|  |  |
| --- | --- |
| School/College/University |   |
| Location |  |
| GPA |   |
| Major/Emphasis |   |
| Anticipated date of graduation |   |
| Full-time/Part-time |   |
| Faculty Advisor (if applicable) |   |
| Clinical Supervisor (if applicable) |   |
| Does this program meet BBS requirements |   |
| Is this an accredited or approved degree program |  |
| Accredited or approved by whom |  |

**Internship**

Currently in an Internship? [ ] Yes [ ] No

|  |  |
| --- | --- |
| Name |  |
| Location |  |
| Focus Area(s) |  |
| Full/Part time |  |
|  Paid |  |

**Disciplinary Action.**

Has any licensing board, regulatory body, or ethics/peer review committee of a professional association, ever taken any disciplinary action against you or a license/ registration/certification held by you?

[ ]  No

[ ]  Yes (if yes, please explain on an attached sheet)

**References**

Please list three (3) persons who can support your qualifications for this scholarship.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Email | Tel No. | License (if applicable) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

In addition to this application please submit an essays that will include: a brief personal summary, what activities you have engaged in that are relevant to your field of study, what plans you have for your career after licensure, why you need the funds and how you would use the award funds (**the need and use of funds would be specific to the type of scholarship applied for as described above**). The length of this essay should be three typed pages, doubled-spaced.