

The Michigan Psychoanalytic Institute

Scholarship Application

Please complete this application in full, including all of the requested financial information, and submit it with two letters of recommendation by **June 30th** to the Michigan Psychoanalytic Institute Scholarship Committee, 32841 Middlebelt Road, Suite 411, Farmington Hills, MI 48334. Or *securely* email materials to Jean Lewis, Administrative Director, at jlewis@mpi-mps.org using the free service at sendinc.com. All scholarship application documents, including letters of reference, must be in our office by this date. If you are currently enrolled in one of our programs, please obtain at least one letter of reference from one of your instructors.

PART I

APPLICANT PERSONAL INFORMATION

First Name	Middle Initial	Last Name	Degree	
Permanent Address	ss	City	State	Zip Code
Office/Mailing Ac	ddress (if differs from above)	City	State	Zip Code
Home Phone #	Office Phone #	Cell Phone #	Email Address	
Last Four #s SSN	Number	and ages of dependents		
EDUCATIONAL	LINFORMATION			
Undergraduate Institution		Major & Degree	Date of Graduation	
Grad/Doc/Medical Institution		Major & Degree	Date of Graduation	
Post-doc/Residency Institution		Major & Degree	Date of Graduation	
Current Educational Institution		Major & Degree/Cert	Date of Graduation	
Please identify the Mi	PI Educational Program you	will be enrolled in for the upcomi	ng academic yea	nr:

PART II

In the following section you are invited to write more about yourself and your interest in the scholarship award by responding to a series of questions. Please type your responses for legibility. You may submit them as a separate enclosure.

1.	State your reasons for applying for scholarship assistance at this time.
2.	Describe your principal work in the last five years, including how you have been involved in the community and extracurricular activities or professional organizations.
3.	Describe your interest in psychoanalytic thinking and how it relates to your professional goals.
4.	Note any additional information the committee would find helpful in considering your application.
5.	Please submit your <i>curriculum vitae</i> and two letters of recommendation. If you're currently in an MPI program and have previously applied for a scholarship, one of the letters may be from the previous year.

PART III

FINANCIAL INFORMATION

Please gather the following information and submit it to the Scholarship Committee together with the rest of your application. In order to safeguard your privacy and confidentiality concerns, this financial information should be enclosed in a separate, sealed envelope marked "SEALED AS REQUESTED". Also, please be sure to print the name of the Institute's educational program you will be enrolled in, your name and the date on the envelope. This information will be kept in the strictest confidence within the committee.

- A. A copy of the first two pages of your federal income tax return form 1040 for this past year.
- B. An itemized summary of your family's outstanding expenses, including tuitions, living expenses, loan payments (e.g., educational, mortgage, etc.), treatment expenses. Please list your personal tuition, education loans, treatment and supervisory expenses separately.
- C. Indicate your current employment and household net annual income; if not employed, list your current means of support. Also list your income and expenses year-to-date and projected income and expenses for the upcoming academic year.
- D. Family Net Worth Statement including:

Assets: Home Equity, Investments, Retirement Funds, Other Savings Debts

- E. Indicate the source and amounts of scholarship awards or grants you are currently receiving.
- F. Note any extraordinary expenses the committee would find helpful in considering your application.
- G. Provide information about any other sources of financial support.
- H. If all requested information is not included at this time, please give an explanation.
- I. Questions on completing this application can be directed to Rochelle Broder, Ph.D. at 248-227-2568.

CERTIFICATION

In submitting this application and its attachments I hereby affirm the truth and accuracy of my statements and am willing to clarify any questions or concerns that may arise.					
Applicant Name:	_Signature:				
Date Submitted:	_				