

HOUSTON GROUP PSYCHOTHERAPY SOCIETY

2017 Annual Institute Scholarship Application

1. **Check the primary scholarship for which you are applying.** You will be considered for all available scholarships as funding and scholarship constraints permit. There have been occasions when the need for scholarships has outstripped our ability to provide. In that case, **scholarships will be awarded on the basis of when the application is received.**
2. Complete the **Personal Information** section.
3. Include a brief typewritten statement in the space provided regarding your qualifications for the primary scholarship for which you are applying and how attending the Institute would be helpful to your work, career, or goals.
4. **E-mail-with-attachments** is the preferred delivery system for applications; however, you may also send your submission by mail. The receipt deadline for **all** scholarships is midnight **03/31/17**. Submit your application to Carol Laufer via

e-mail: hgpsscholarship@gmail.com
mail: P.O. Box 22866, Houston, TX 77227-2866

All applicants will be notified as to their award status by **04/07/17** by e-mail unless another method is arranged.

Scholarships

HGPS offers the following scholarships for the Annual Institute. Check the primary scholarship for which you are applying

Dr. Marian Yeager Enete Scholarship is offered to a mental health professional currently working in a mental health setting, who is interested in obtaining training in the basic principles of group psychotherapy, and in need of financial aid.

Beverly Gross Scholarship is awarded to an outstanding Student HGPS member.

Member Donation Scholarship is awarded to a member with financial need.

First Time Attendees Scholarships are offered to 10 individuals who work with groups in mental health, substance abuse, domestic violence, child abuse, trauma, or related fields, who are attending the Annual Institute for the first time, and who do not have resources to cover the cost of attendance. Each recipient may attend the two day Institute for **\$35.00**.

Bob Beck Memorial Scholarship is offered to an HGPS member who is a clinical intern or is within the first three years of clinical practice.

Personal Information

Name: Last _____ First _____

Address: _____

City, State, Zip: _____

Phone: Home: _____ Office: _____

Cell: _____ Email: _____

Degree(s): _____

Institution(s) Granting Degree(s): _____

Job Title or Student Status: _____

Employer: _____

If student, what degree sought & where: _____

Are you an HGPS member? Yes__ No__

Attach Statement of Need/Qualifications (please limit to space provided)