

# HOUSTON GROUP PSYCHOTHERAPY SOCIETY

## 2018 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. The EARLY deadline for scholarships is 5pm 8/01/18. Applicants submitting by 8/01/18 will be able to register for the institute WHEN REGISTRATION OPENS. Late scholarships WILL be accepted until 9/30/18. All applicants applying by 9/30/18 will be given a code to use for registration.
5. **E-mail-with-attachments** is the preferred delivery system for applications; however, you may also send your submission by mail (this slows down provision of registration code.)

Submit your application to Carol Laufer via:

e-mail: hgpsscholarship@gmail.com

mail: P.O. Box 22866, Houston, TX 77227-2866

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## 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 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\_\_

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