

Scholarship Application

The Psychoanalytic Education Fund (Fund) of The Cleveland Psychoanalytic Center (CPC) is pleased to offer scholarship funding for health professionals, students, trainees, and candidates who are engaged in the study of psychoanalytic psychotherapies.

Eligibility

To be eligible for the scholarship, the applicant must:

- Qualify for financial assistance
- Seek financial support for a qualified activity that increases the applicant's awareness, knowledge, or experience with psychoanalytic psychotherapies. Qualified activities include attendance at seminars and conferences as well as tuition for graduate or professional school classes. Applicants may seek financial assistance for tuition, registration fees, travel expenses, or other appropriate expenses with appropriate documentation.
- Eligible applicants for scholarship funding must live in Northeast Ohio or be engaged in or plan to be engaged in work or study in Northeast Ohio. Northeast Ohio is defined as the counties of Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, and Summit.

Application

In order to be considered for a scholarship, applicants must submit through the mail a completed application form, and the first page of the applicant's most recently filed federal tax return. Applicants who are seeking assistance must submit their application no later than 60 days before the beginning of the semester for which the applicant is seeking financial assistance.

Award

Applicants may apply once each calendar quarter or semester. An applicant may request between \$250 and \$1,500 per application. Please note that no applicant may receive more than \$3,000 per calendar year. The scholarship will disburse funds on the first day of the first month of each quarter that a recipient has been selected to receive an award or prior to the beginning of the semester.

Selection

Recipients will be selected by the Psychoanalytic Education Fund Committee (the Committee) based on financial need and the amount of public benefit the training will provide for the Greater Cleveland Community. Please note that the Psychoanalytic Education Fund may not fund all applications.

Psychoanalytic Education Fund Scholarship Application Form

Please download and complete this form, then mail to the address at the bottom of page 3.

Name: _____

Home Address: _____
Street

_____ Apt.
City State Zip

Telephone Number: _____

E-mail Address: _____

Monthly Expenses

Mortgage/Rent: _____

Car payment: _____

Credit Card Payment: _____

Student Loans: _____

Utilities: _____

Alimony: _____

Child Support: _____

Childcare: _____

Other (explain): _____

Total Monthly Expenses: _____ No. of Dependents: _____

Please describe your experience with and interest in psychoanalytic psychotherapies.

Please describe the program, training, classes or activity that you are requesting funding for (please include description of activity, sponsor, cost of attendance, dates of attendance).

Are there other circumstances, financial or otherwise, that should be considered when reviewing your application?

Please mail the first page of your most recently filed federal income tax return with the application materials.

By my signature below, I certify that the information I have provided is accurate.

Signature

Date

Send completed application materials to:

Cleveland Psychoanalytic Center
Attn: Psychoanalytic Education Fund
2460 Fairmount Blvd., Suite 312
Cleveland Heights, Ohio 44106

Please note that applicants who receive awards in excess of \$600 per calendar year will be required to provide an IRS Form W-9.