

ST. LOUIS PSYCHOANALYTIC INSTITUTE
CHILD AND ADULT ANALYTIC TRAINING
SCHOLARSHIP APPLICATION
(Due April 15th)

Date: _____

For Training Year: _____

Name: _____

Address: _____

Phone number: _____

E-Mail: _____

I am requesting a scholarship for:

- Accelerated Child Analytic Training ____year
- Traditional Child Analytic Training ____year
- Adult Analytic Training ____year
- A portion of Child/Adult Analytic Training (please explain)

- Open Analytic Classes (please list)

Please provide a copy of your balance sheet or provide the information below:

Assets:	Cash	_____
	Marketable Securities	_____
	House	_____
	Other	_____

Liabilities:	Home mortgage	_____
	School debt	_____
	Other	_____

If your financial condition from the prior year has materially changed, please explain....

Please attach a copy of your most recent tax return (if married, joint return)

Signature

Date

The awards will be made by a 3 member team representing our Budget & Finance Committee. All application information will be highly confidential and limited to the award team. **Please mail your application to the Child and Adult Analytic Training Scholarship Committee St. Louis Psychoanalytic Institute 8820 Ladue Road, 3rd Floor St. Louis Mo. 63124.**