



*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 30<sup>th</sup>** to the Michigan Psychoanalytic Institute Scholarship Committee. 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                      City                      State                      Zip Code

Office/Mailing Address (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 INFORMATION**

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 MPI Educational Program you will be enrolled in for the upcoming academic year:  
\_\_\_\_\_

## 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 *curriculum vitae* 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: \_\_\_\_\_