

WASHINGTON SCHOOL OF PSYCHIATRY  
5028 Wisconsin Ave., NW, Suite 400  
Washington, DC 20016-4118  
202-237-2700 Fax 202-237-2730

APPLICATION FOR TRAINING PROGRAM SCHOLARSHIP

Program \_\_\_\_\_ Academic Year \_\_\_\_\_

The Washington School of Psychiatry is a non-profit institution with limited financial resources. However, we are committed to providing limited scholarship assistance, based on need and merit, when the budget permits. Scholarships are granted for one academic year. A new application must be submitted for subsequent academic years.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Undergraduate degree \_\_\_\_\_ University \_\_\_\_\_ Year \_\_\_\_\_

Graduate degree(s) \_\_\_\_\_ University \_\_\_\_\_ Year \_\_\_\_\_

Status:  Single  Married  Domestic Partner  Separated  Divorced  Widowed

Number and ages of dependents \_\_\_\_\_

Student status (if applicable):  Part time  Full time At \_\_\_\_\_

Total income for the past calendar year (include earnings, alimony, child support, scholarships, social security, veterans benefits and any other income):

You \_\_\_\_\_ Your spouse/partner \_\_\_\_\_

Expected income for the current calendar year:

You \_\_\_\_\_ Your spouse/partner \_\_\_\_\_

Employer (current): \_\_\_\_\_ Hours per week \_\_\_\_\_

Do you anticipate any change in employer or salary in the coming academic year? \_\_\_\_\_

Will your employer, a relative or anyone else contribute to your training program expenses (tuition and/or supervision) in the coming academic year. If so, how much? \_\_\_\_\_

Total assets (stocks, bonds, property not including home) \_\_\_\_\_

Student loans outstanding: Type \_\_\_\_\_ Total amount \_\_\_\_\_ Monthly payment \_\_\_\_\_

Current monthly rent or mortgage payment \_\_\_\_\_

Please indicate any other financial circumstances that you believe should be considered in making a scholarship decision on a separate page.

You must enclose copies of the following (with your signature, dated, on each page): US income tax return for past calendar year (all pages required); current bank statements for all accounts; current statement indicating amounts of student loans outstanding; current mortgage information; most recent pay stub(s) from current employer(s)