



Judy Byck Scholarship Application

Created by donations from family, friends and colleagues, the Judy Byck Scholarship Fund honors the memory of a remarkably gifted clinical social worker and expresses her intention that clinical social workers new to our organization be given the opportunity to study psychoanalytic concepts and approaches to psychotherapy.

Judy Byck Scholarships will be given to MSW graduate social workers who have never taken a course at the Psychoanalytic Center of the Carolinas. Once approved, Byck Scholars will have the opportunity to attend one course with the full cost of tuition waived during the upcoming academic year.

Applicant Information

Name: _____ Degree: _____

Address: _____

Preferred Phone: _____ Cell Work Home

Preferred Email: _____

How did you hear about this scholarship? (Please check all that apply)

- Colleague Friend Supervisor Psychotherapist/Psychoanalyst
 PCC website PCC email Other _____

Training Course Selection

Please list the course(s) that interest you most:

- Thinking Psychoanalytically: The Basics (Course 101)
 Elective or core curriculum (200 level) course * _____

**Requires approval from instructor*

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Representation Section

1. Have you ever been convicted of a crime in any state or country, or are any charges current or pending?
 Yes No If yes, explain: _____
2. Has any licensing board or professional ethics body ever revoked, restricted or required you to surrender your license or found you guilty of a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state/country, or is any such action current or pending?
 Yes No If yes, explain: _____
3. Have you ever had any insurance company decline, cancel, refuse to renew or accept only on special terms any professional liability insurance?
 Yes No If yes, explain: _____
4. Has any professional liability claim, or suit ever been made against you or is any such action current or pending?
 Yes No If yes, explain: _____
5. Are there any circumstances of which you are aware that may result in any professional liability claim or suit being made against you?
 Yes No If yes, explain: _____
6. Have you ever been engaged in any sexual conduct with any of your current or former patients or any current or former patient's spouse or any person with a direct relationship to the patient or former patient (e.g., a guardian, blood relative of the patient or spouse, or any person sharing the patient's domicile)?
 Yes No If yes, explain: _____
7. Have you ever had any hospital, agency, health care provider, or professional organization deny, restrict or revoke professional or research privileges or invoke probation for any cause other than incomplete medical charts, or is any such action current or pending?
 Yes No If yes, explain: _____
8. Have you ever been suspended, restricted or put on probation by any governmental health program (i.e. Medicare or Medicaid)?
 Yes No If yes, explain: _____
9. Are you now or have you ever been treated for alcoholism or other drugs?
 Yes No If yes, explain: _____
10. Have you ever abused alcohol or drugs?
 Yes No If yes, explain: _____
11. Have you ever been censured by or dismissed from any professional organization?
 Yes No If yes, explain: _____

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Curriculum Vitae

Please provide a current *curriculum vitae* or other documentation containing the following information, if applicable:

1. Education: List academic degrees, years awarded, institutions, locations, and majors or areas of specialization.
2. Clinical training: List sites and dates of all internships, residency programs, fellowships, practicum placements, advanced certificate training, or any other formal supervised training, with names of direct supervisors and dates of supervision.
3. Professional Experience: Provide all post-training employment with dates and brief descriptions of the nature of the clinical work. Include private practice.
4. Supervision: List major supervisors, starting and ending dates, frequency, focus (continuous case or most urgent case), and format (individual/group).
5. Psychoanalytically oriented studies: List coursework, workshops, or other psychoanalytic study, with dates, instructors, and sponsoring organizations.
6. Other studies and work experience relevant to your interest in psychoanalytic psychotherapy, e.g., work in another field, or independent reading, or research.
7. Writing: Provide a bibliography of publications and papers presented, and a brief description of any unpublished research, clinical, or theoretical writings.
8. Teaching Experience: List courses or seminars taught; include dates, locations, sponsoring organizations, and topics.
9. Supervising Experience: Include dates, locations (e.g., agency, private practice, institute), number of individuals, number of hours, format (individual/group), and types of supervisees (students/professionals).
10. Professional Affiliations: List names of professional societies and organizations and dates of membership.
11. Current clinical practice: Include approximate number of clinical hours per week, clientele (adult, child, families, etc.), modes of treatment, types of problems treated, usual frequency of treatment, etc.

Personal Treatment

A personal psychoanalysis or psychoanalytically oriented psychotherapy is an important component of training as a psychoanalyst or psychoanalytic psychotherapist. Please provide a brief statement describing your own personal treatment experience, if applicable, including frequency of sessions and length of treatment.

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Personal Statement

Please include a brief personal statement that demonstrates one or more of the following:

- Interest in the application of psychodynamic principles to any area of clinical care
- Commitment to developing oneself as a psychotherapist by deepening one's knowledge and understanding of one's own inner processes and by learning to apply that understanding in the therapeutic relationship.
- Curiosity and intellectual capacity to undertake further psychoanalytic study.

Certification

I certify that all information provided on this Application, or submitted with it, is accurate to the best of my knowledge. I specifically authorize the Psychoanalytic Center of the Carolinas and its authorized representatives to consult with the third parties whose names I have given either herein or otherwise, as well as with any third parties whose names I may in the future provide as references, concerning further information bearing on my application. I release from any and all liability the Psychoanalytic Center of the Carolinas and their authorized representatives, and any third parties whose names I have provided or may provide, for any acts, communications or disclosures involving me, including otherwise privileged and confidential information relating to me and this application. I acknowledge that the Psychoanalytic Center of the Carolinas reserves the absolute right to accept or reject any applicant for any reason(s) deemed sufficient by the Psychoanalytic Center of the Carolinas in its sole discretion.

Applicant Name: _____

Signature: _____

Date: _____

Please return this application and all accompanying information to Lucy Worth via email:
admin@CarolinaPsychoanalytic.org

If you have questions about the scholarship program and your eligibility, please contact Byck Scholarship Chair Natalie Peacock-Corral, nataliepeacockcorral@gmail.com.