



Psychoanalytic Psychotherapy Training Scholarship

This scholarship, established through an anonymous gift to the Psychoanalytic Center of the Carolinas' (PCC) Fund for Psychoanalytic Education, supports Licensed Clinical Social Workers enrolled in the PCC's Psychoanalytic Psychotherapy training program. This need-based scholarship provides four \$5,000 awards for the upcoming academic year (beginning July 1), which may be applied toward tuition, training program fees, supervision and/or personal treatment, books/journals, and/or membership dues.

Eligibility

Active, Licensed Clinical Social Workers in North or South Carolina who are current or newly accepted matriculated students in the Psychoanalytic Psychotherapy track.

Deadline: The application period closes on May 1.

Applicant information

Name: _____

Degree: _____ Date: _____

Address: _____

Preferred Phone: _____

Cell Work Home

Preferred Email: _____

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

- | | |
|--|---|
| <input type="checkbox"/> Colleague | <input type="checkbox"/> PCC website |
| <input type="checkbox"/> Friend/classmate | <input type="checkbox"/> PCC email/newsletter |
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Psychotherapist/Psychoanalyst | |

References

1. (a) For current students, please list one individual familiar with your clinical work, e.g., PCC supervisor or instructor, who can recommend you for this scholarship. Please ask this person to submit a reference to admin@carolinapsychoanalytic.org **before May 1.**

Name: _____

Relationship: _____

Contact information: _____

(b) For newly admitted students, the selection committee will review references submitted for admission to matriculate.

2. For current students, your most recent PCC progressions report will also be reviewed.

Statement of financial need for this scholarship

Please include a short narrative outlining your financial situation and how the scholarship will support your training. It would be appropriate to include a description of your personal financial circumstances and how you will benefit and make effective use of the scholarship. (*150 words max*).

Statement of educational intent

Please outline your educational goals and motivations for studying psychoanalysis—why psychoanalytic training is important to you, how you will make good use of the scholarship to help achieve your educational and professional goals, and how receiving the scholarship would help you contribute to the field, to the community, and to the PCC (*250 words max*).

Certification and Consent

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 the selection committee to consult with the third parties whose names I have provided as references concerning further information bearing on my 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

selection committee in its sole discretion. I also understand that a letter of reference is required as part of my application for the Fund for Psychoanalytic Education Scholarship for PCC Matriculated Social Workers, and that information contained in such letters will be kept confidential in accordance with the Confidentiality Policy of the Psychoanalytic Center of the Carolinas.

By submitting this completed application, I give consent to the named reference above to provide information regarding me to representatives of the Psychoanalytic Center of the Carolinas.

Applicant Name: _____

Signature: _____

Date: _____

The following consent is optional: I understand that I may have a legal right to access letters of reference. For the purposes of encouraging full and candid disclosure by the referring individual, I hereby authorize the release by him/her to the selection committee of the Psychoanalytic Center of the Carolinas of any and all information that may be requested, and I waive any right of access that I otherwise might have to his/her statements and information, and agree that these statements and information shall remain completely confidential.

Signature: _____

Date: _____