

Career Advancement Scholarship Application

Boston Graduate School of Psychoanalysis in New Jersey
Administrative Office
301 South Livingston Ave Livingston, NJ 07039
Phone: (973)629-1001

The Career Advancement Scholarship is available to selected graduate students entering the M.A. program in Mental Health Counseling. Eligible candidates have completed at least a Bachelor's degree and have been employed in a clinical human service agency in the United States (such as a hospital, residential facility, or in-home intervention program) for at least one year at the time of first application to BGSP-NJ. The scholarship offers up to 20% of course tuition, renewable each semester for up to two years, as long as the student maintains good academic standing.

Current BGSP-NJ students may also apply for this scholarship if prior employment met the criteria and that the one-year minimum was met prior to first enrollment in the program. If qualified the scholarship is effective **starting Fall 2018** and is not a retroactive discount. This form must be received by the registrar a minimum of two weeks prior to the semesters late date for registration. Students may reapply for this scholarship by submitting a completed application each semester for up to two years.

Section 1: Student Information to be completed by student

Name _____ Program M.A. in Mental Health Counseling

Semester of enrollment _____ Number of credits enrolled _____ Employment job title & description _____

I certify the following:

- ✓ I have met all requirements for admission to BGSPNJ yes no
✓ I consent to verification of my employment yes no

I authorize the staff at the employer(s) listed in Section 2 below and/or on the attached sheets, to verify my past or current employment status, including dates and type of employment. The Boston Graduate School of Psychoanalysis may use this information to confirm my eligibility for a graduate student scholarship. The information provided on this form is true and correct.

Student Signature _____ Date _____

Section 2: Employment Information to be completed by student's employer

Employer #1 name _____ Phone _____

Employer address _____ Email _____

Name and title of institution official or supervisor _____

This is to certify that _____ is working as _____
Name of employee/applicant Position

Since _____ Signed _____ Date _____
Date employment began Institution official or supervisor

Employer#2 name _____ Phone _____

Employer address _____ Email _____

Name and title of institution official or supervisor _____

This is to certify that _____ is working as _____
Name of employee/applicant Position

Since _____ Signed _____ Date _____
Date employment began Institution official or supervisor

For Office Use Only

Employment Confirmed? yes no
Employer #1 _____
Date verified _____ by whom _____
BGSPNJ Staff _____

Employment Confirmed? yes no
Employer #2 _____
Date verified _____ by whom _____
BGSPNJ Staff _____

BGSPNJ Admission Date _____
Semester Course Tuition = _____
% discount = _____

Semester Award Amount _____
Date Approved _____ Initials _____
Approved? yes no Award letter sent _____