

SFV-CAMFT SCHOLARSHIP APPLICATION

First Name _____ Last Name _____

Check appropriate status:

Registered Associate BBS Intern # _____

Licensed MFT BBS License # _____

Please complete the following questionnaire and statement opportunity that will serve as your Scholarship Application. Please use another sheet of paper if you need more space.

QUESTIONNAIRE AND STATEMENT OF CANDIDATE FOR SFV-CAMFT SCHOLARSHIP

1). "I decided to become a Marriage and Family Therapist because . . ."

2). "The California Association of Marriage and Family Therapists is important to me because. . ."

3). Please give your statement of personal goals with regard to being an LMFT:

4). Talk about your greatest challenges to reaching your personal goals, please include financial obstacles if relevant:

5). How would receiving this scholarship help you to further your professional goals in a way that you have not been able to do so already?

6). List community involvement or volunteer work:

7). List SFV-CAMFT or CAMFT volunteer or involvement work:

Name: _____

Date: _____

Address: _____

Phone: _____

E-mail: _____

Scholarship winners will be contacted in advance of December 22, 2023 and invited to receive their awards at the chapter experiential event on January 21, 2024.

Please submit your application for consideration by Friday, December 22, 2023 to sfvcamftpre@gmail.com. All questions in regard to the application or the awards event can also be directed to this email.