

## SFV-CAMFT SCHOLARSHIP APPLICATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Check appropriate status:

Student/Trainee      Name of school: \_\_\_\_\_

If Student/Trainee, must provide proof of registration for Spring 2019 Academic Enrollment

Registered Intern      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 SCHOLARSHIP FOR ONE-YEAR MEMBERSHIP TO SFV-CAMFT**

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). Your statement of personal goals with regard to being an LMFT:

4). Your greatest challenge to reaching your personal goals is:

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 January 9, 2019 and invited to receive their awards at the January Experiential event on January 13, 2019 at 9:00 a.m., at the Woodland Hills Country Club.

**Please submit your application for consideration by Friday, January 4, 2019 to [sfvcamftpre@gmail.com](mailto:sfvcamftpre@gmail.com).** All questions in regard to the application or the awards event can also be directed to this email.